114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

Section

16.01: General Provisions

(1) Scope, Purpose and Effective Date.

(a) 114.3 CMR 16.00 governs the payment rates used by all governmental units for surgery and anesthesia services provided to publicly aided patients. 114.3 CMR 16.00 is effective July 1, 2012. Rates for services provided to individuals covered by M.G.L. c. 152 (the Workers' Compensation Act) are set forth at 114.3 CMR 40.00.

(b) The following laboratory services have a professional and technical component. These are codes: 83020, 83912, 84165, 84166, 84181, 84182, 85390, 85576, 86255, 86256, 86320, 86325, 86327, 86334, 86335, 87164, 87207, 88371, 88372 and 89060. The professional component is contained herein. The technical component for these codes is contained in 114.3 CMR 20.00 *Clinical Laboratory Services*.

(2) Coverage. The payment rates in 114.3 CMR 16.00 are used to pay for:

(a) Surgical and anesthesia services rendered to registered bed patients in a licensed health care facility by an eligible provider who is not under contractual arrangement with the licensed health care facility for medical services and who bills separately and apart from the health care facility for medical services rendered.

(b) Surgical and anesthesia services rendered to ambulatory patients in a private medical office, freestanding ambulatory surgical center, licensed clinic facility, hospital outpatient department, independent diagnostic testing facility, or other appropriate setting by an eligible provider who bills for the medical services rendered and receives no other compensation for medical services rendered.

The rates of payment under 114.3 CMR 16.00 are full compensation for patient care rendered, as well as for any related administrative or supervisory duties in connection with patient care and all associated overhead expenses, without regard to where the care is rendered.

(3) Disclaimer of Authorization of Services. 114.3 CMR 16.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 16.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Administrative Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT). The publication of such updates and corrections will list:

(a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
(b) deleted codes for which there are no corresponding new codes; and
(c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.
d) for entirely new codes that require new pricing and have Medicare assigned relative value units (RVUs), the Division may list these codes and price them according to the rate methodology used in setting physician rates. When RVUS are not available, the Division may apply Individual Consideration in reimbursing for these new codes until appropriate rates can be developed.

(5) Administrative Bulletins. The Division may issue Administrative Bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 16.00.

16.02: General Definitions

Meaning of Terms The descriptions and five-digit codes included in 114.3 CMR 16.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' *Current Procedural Terminology* (CPT), copyright 2010 by the American Medical Association unless otherwise specified. Level II codes are obtained from 2011 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other healthcare professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedure Terminology.*

114.3 CMR 16.00 includes only HCPCS numeric and alpha-numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the Physicians' *Current Procedural Terminology*. All rights reserved.

In addition, terms used in 114.3 CMR 16.00 shall have the meanings set forth in 114.3 CMR 16.02.

Eligible Provider. Shall mean a licensed physician, licensed osteopath, licensed podiatrist, or licensed dentist other than an intern, resident, fellow or house officer who also meets such conditions of participation as adopted from time to time by a governmental unit.

A provider of diagnostic surgical services who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies. Such surgical diagnostic services may be rendered by eligible providers such as, but not limited to, Independent Diagnostic Testing Facilities. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A provider of radiation oncology services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or

certification by national credentialing bodies, as required by law. Radiation oncology services may be rendered by eligible providers such as, but not limited to, independent radiation oncology centers. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A clinic licensed by the Massachusetts Department of Public Health in accordance with regulation 105 CMR 140.000 to provide surgical diagnostic services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed freestanding birth center facility that meets the conditions of participation adopted by the Massachusetts Department of Public Health pursuant to 105 CMR 142.000. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Eligible Mid-Level Practitioner.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Facility Setting. Payments for services provided in a hospital, including without limitation a hospital inpatient department, outpatient department, emergency department, and hospital licensed health center, or skilled nursing facility or freestanding ambulatory surgical center (ASC), will be made according to a facility fee when an applicable facility fee has been established for that procedure.

Global Delivery. Includes direct provision and supervision of case management, maternal education (including but not limited to nutrition, pregnancy and childbirth, and reproductive health) and obstetrical risk assessment and monitoring, in addition to pelvic delivery (or Cesarean section delivery by physicians only), all routine prenatal visits and one Postpartum visit.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Individual Consideration (I.C.). Surgical procedures which are authorized but not listed herein, surgical procedures performed in unusual circumstances and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category.

Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

(a) the amount of time required to perform the service;
(b) the degree of skill required to perform the service;
(c) the severity or complexity of the patient's disease, disorder or disability;
(d) any applicable relative value studies;
(e) any complications or other circumstances that may be deemed relevant;
(f) the policies, procedures and practices of other third party insurers;
(g) the payment rate for prescribed drugs as set forth in 114.3 CMR 31.00; and
(h) a copy of the current invoice from the supplier.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number or letters to the procedure code.

Primary Care Clinician (PCC) Plan. A managed care option administered by the MassHealth agency through which enrolled members receive primary care and certain other medical services.

Publicly Aided Individual. A person who receives health care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a separate procedure in the procedure description. Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be considered to be a separate procedure.

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service.

Surgical Team Fee. Reimbursement for highly complex surgical procedures requiring the expertise of several physicians (usually of different specialties) and other highly skilled, specially trained personnel. More than one surgeon may be performing parts of the procedure simultaneously. The unit fee is payable to the 'director' of the surgical team and includes all assistant surgeon fees; there are no separate payments for assisting surgical services. The director of the surgical team is expected to distribute the unit fee to the members of the surgical team.

Unlisted Procedure or Service. A service or procedure may be provided that is not listed in Regulation 114.3 CMR 16.05. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report."

16.03: General Rate Provisions

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(1) Rate Determination. Rates of payment to which 114.3 CMR 16.00 applies shall be the lowest of:

(a) The eligible provider's usual fee to patients other than publicly aided patients; or
(b) The eligible provider's actual charge submitted; or
(c) The schedule of allowable fees set forth in 114.3 CMR 16.04 and 16.05 in accordance with 114.3 CMR 16.03.

(2) Supplemental Payment

(a) Eligibility. An eligible provider may receive a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

1. the eligible provider is employed by a non-profit group practice that was established in accordance with St.1997 c.163 and is affiliated with a Commonwealth-owned medical school;
2. such non-profit group practice shall have been established on or before January 1, 2000 in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between:

1. payments to the eligible provider made pursuant to the rates applicable under 114.3 CMR 16.03(1), and
2. the Federal upper payment limit set forth in 42 CFR 447.325.

(3) Rate Variations Based on Practice Site. Payments for certain services that can be routinely furnished in physicians' offices are reduced when such services are furnished in facility settings. 114.3 CMR 16.05 establishes facility setting fees applied to services rendered in a facility when a practice site differential is warranted.

(4) Allowable Mid-Level Fee for Qualified Mid-Level Practitioners. Payments for services provided by eligible licensed nurse practitioners, eligible licensed nurse midwives and eligible licensed physician assistants as specified in 114.3 CMR 16.02 shall be 85% of the fees contained in 114.3 CMR 16.00.

(5) Preoperative and Postoperative Care. All allowable fees are maximum amounts to be paid and apply primarily to services rendered to registered bed patients in licensed hospitals and freestanding ambulatory surgical centers. The maximum allowable fees for surgical services include the following: routine preoperative care; the operation *per se*, including local infiltration, metacarpal/digital block or topical anesthesia when used, and the normal, uncomplicated follow-up care. This concept is referred to as a "package" for surgical procedures. 114.3 CMR 16.03 (5) will be superseded by 114.3 CMR 16.03 (6) upon implementation by the Office of Medicaid.

(6) Global Surgical Package. The payment for a surgical procedure includes a standard package of preoperative, intraoperative, and postoperative services. Reimbursement for these procedures includes payment for services related to the surgery when furnished by the physician who performs the surgery. The services included in the global surgical package may be furnished in any setting, e.g., in hospitals, ASCs, physicians' offices. Included in the global fee are

preoperative period of one day for **major** surgery and the postoperative period of 90 days for **major** surgery, as determined by the Centers for Medicare and Medicaid Services (CMS). The postoperative period for **minor** surgery is either 0 or 10 days depending on the procedure, as determined by CMS. Visits to a patient in an intensive care or critical care unit are also included if made by the surgeon.

(7) Obstetrical Services. Obstetrical fees contained in 114.3 CMR 16.05 are intended to include only the procedure or procedures performed and care to the publicly aided patient while hospitalized with the exception of global delivery (59400, 59510, 59610, 59618). Outpatient antepartum and postpartum obstetrical care may be billed under the appropriate medical procedure code in accordance with 114.3 CMR 17.00 *Medicine*. Medical problems complicating labor and delivery management or medical complications of pregnancy may require additional resources or services and should be identified by utilizing the appropriate procedure codes in 114.3 CMR 17.00 in addition to the procedure codes for maternity care listed herein.

(8) Casts and Appliances. All maximum allowable fees include the initial application of a cast, traction device or similar appliance.

(9) CPT Category III Codes. All surgery related CPT category III codes are included as a part of this regulation and have an assigned fee of I.C.

(10) PCC Plan Enhanced Fee. Primary Care Clinicians (PCCs) receive an enhanced rate for certain types of primary and preventive care visits provided to their PCC Plan members enrolled with the PCC on the date of service. Ten dollars is added to the rate for the procedure code billed. The MassHealth agency pays PCCs an enhanced fee for delivering primary care services in accordance with the terms of the PCC provider contract.

(11) Multiple Endoscopy Procedures. When multiple procedures are performed through the same endoscope, payment is made for the highest valued endoscopy plus the difference between the next highest and the base endoscopy. When two related endoscopies and an unrelated endoscopy are performed, the special endoscopic payment rules apply to the related endoscopies. Unrelated endoscopic procedures are treated as a separate surgery and reimbursed using the payment rules for multiple surgery claims.

16.04: Maximum Allowable Fees – Anesthesia Services

(1) Rate Determination. The administration of anesthesia is reported by the use of the anesthesia five-digit procedure code (00100-01999) listed in 114.3 CMR 16.05(4). Payment for anesthesia services is determined by a system of base anesthesia units and time units. The number of base anesthesia units plus time units is multiplied by the anesthesia unit fee to derive the total anesthesia reimbursement. Time units are measured in minutes and one time unit equals one minute. The time period for which anesthesia services will be reimbursed shall begin when the anesthesiologist or certified registered nurse anesthetist begins to prepare the patient for the induction of anesthesia in the operating room or in an equivalent area and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under postoperative supervision. The time at which anesthesia services begin and end must be specified on the billing form.

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(2) Anesthesia Services. Anesthesia services may include but are not limited to general, regional, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care deemed optimal by the anesthesiologist or certified registered nurse anesthetist during any procedure. These services include the usual preoperative and postoperative visits, the anesthesia care during the procedure, the administration of fluids, and/or blood incident to the anesthesia or surgery, and the usual monitoring procedures. Unusual forms of monitoring (e.g., intra-arterial, central venous and Swan-Ganz) are not included.

(3) Maximum Unit Fee. The maximum allowable fee for anesthesia services provided under 114.3 CMR 16.00 is $18.86 per base unit and $1.26 per one minute time unit.

(4) Nurse-Anesthetist Services. Payment for anesthesia services rendered by a nurse-anesthetist is subject to the payment and coverage requirements of the purchasing agency.

16.05: Maximum Allowable Fees - Surgical Services

(1) Surgical and Obstetrical Services. The allowable fees for surgical and obstetrical services shall be the fees listed in 114.3 CMR 16.05(4).

(2) Unless otherwise specified, guidelines, notes and definitions provided in the 2011 CPT coding Handbook are applicable to the use of the procedure codes and descriptions listed below.

(3) Modifiers

-26: Professional Component. The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the addition of the modifier '-26' to the procedure code will allow the professional component allowable fee (PC Fee) contained in 114.3 CMR 16.05(4) to be paid.

-50: Bilateral Procedures. Payment for bilateral procedures performed at the same operative session must be identified by the appropriate service code and the modifier '-50'. Only one claim line is billed for both procedures. The addition of the modifier '-50' to the bilateral code will allow 150% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible provider for performance of both bilateral procedures.

-51: Multiple Procedures. This modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '-51' to the end of the service code for the secondary procedure(s). The addition of the modifier '-51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible provider.
NOTE: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

52: Reduced Services. Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier '-52', signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

54: Pertains to surgical care only. When one eligible physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding the modifier '-54' to the appropriate procedure code. This allows 85% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the physician performing the surgery.

55: Pertains to postoperative management only. When one eligible physician performs the postoperative management and another physician has performed the surgical procedure, the postoperative component may be identified by adding the modifier '-55' to the appropriate procedure code. This allows 15% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the physician.

58: Staged or related procedure or service by the same physician during the postoperative period.

59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier '-59' to the end of the appropriate service code. Modifier '-59' is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However when another already established modifier is appropriate, it should be used rather than modifier '-59'.

62: Pertains to two surgeons. When two eligible surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding the modifier '-62' to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the procedure once using the same procedure code. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate codes(s) may also be reported with the modifier "-62" added. The addition of the modifier '-62'to the procedure code allows 57.5% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to each surgeon. No separate payment will be made for assisting surgical services in these cases; it is included in the total surgical fee listed.

66: Pertains to team surgery. This modifier must be used to identify highly complex procedures (requiring the concomitant services of several eligible physicians, often of different specialties, plus other highly skilled, specially trained personnel, and various types of complex equipment) carried out under the "surgical team" concept. The unit fee is payable to the "director" of the surgical team and

includes all assistant surgeon fees, there are no separate payments for assisting surgical services. The director of the surgical team is expected to distribute the unit fee to the eligible members of the surgical team.

-76: Repeat Procedure by Same Physician. The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding the modifier '-76' to the repeated procedure/service or the separate five digit modifier code 09976 may be used.

-77: Repeat Procedure by Another Physician. The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier '-77' to the repeated procedure/service or the separate five digit modifier code 09977 may be used.

-78: Return to the Operating Room for a Related Procedure during the Postoperative period. The physician may need to indicate that another procedure was performed during that postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding the modifier '-78' to the related procedure, or by using the separate five digit modifier 09978. (For repeat procedures on the same day, see '-76'.)

-79: Unrelated Procedure or Service by the Same Physician during the Postoperative Period. The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using the modifier '-79' or by using the separate five digit modifier 09979. (For repeat procedures on the same day, see '-76'.)

-80: Pertains to assistant surgeons. Surgical assistant services may be identified by adding the modifier '-80' to the usual procedure code. This allows 15% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible assistant surgeon.

-82: Pertains to assistant surgeons when qualified resident surgeon is not available. Surgical assistant services may be identified by adding modifier '-82' to the usual procedure code when a qualified resident surgeon is not available. This allows 15% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible assistant surgeon.

-E1: Upper left, eyelid.

-E2: Lower left, eyelid.

-E3: Upper right, eyelid.

-E4: Lower right eyelid.

F1: Left hand, second digit.

F2: Left hand, third digit.

F3: Left hand, fourth digit.

F4: Lift hand, fifth digit.

F5: Right hand, thumb.

F6: Right hand, second digit.

F7: Right hand, third digit.

F8: Right hand, fourth digit.

F9: Right hand, fifth digit.

FA: Left hand, thumb.

HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)

LC: Left circumflex coronary artery.

LD: Left anterior descending coronary artery.

LT: Left side (used to identify procedures performed on the left side of the body).

PA: Surgical or other invasive procedure performed on the wrong body part. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 C.F.R. 447.26 and results in non-payment for services.)

PB: Surgical or other invasive procedure performed on the wrong patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 C.F.R. 447.26 and results in non-payment for services.)

PC: Wrong surgical or other invasive procedure performed on a patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 C.F.R. 447.26 and results in non-payment for services.)

RC: Right coronary artery.

RT: Right side (used to identify procedures performed on the right side of the body).

-SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-T1: Left foot, second digit.

-T2: Left foot, third digit.

-T3: Left foot, fourth digit.

-T4: Left foot, fifth digit.

-T5: Right foot, great toe.

-T6: Right foot, second digit.

-T7: Right foot, third digit.

-T8: Right foot, fourth digit.

-T9: Right foot, fifth digit.

-TA: Left foot, great toe.

-TC: Technical Component. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's professional component. When the technical component is reported separately the addition of modifier '-TC' to the procedure code will allow the technical component allowable fee (TC Fee) contained in 114.3 CMR 16.05(4) to be paid.

-QX: Certified registered nurse anesthetist service with medical direction by physician

-QZ: Certifided registered nurse anesthetist service without medical direction by a physician

4) Fee Schedules

(a) Anesthesia Services

Code	Units	Description
00100	5	Anesthesia for procedures on salivary glands, including biopsy
00102	6	Anesthesia for procedures involving plastic repair of cleft lip
00103	5	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)
00104	4	Anesthesia for electroconvulsive therapy
00120	5	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified
00124	4	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy
00126	4	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy
00140	5	Anesthesia for procedures on eye; not otherwise specified
00142	4	Anesthesia for procedures on eye; lens surgery
00144	6	Anesthesia for procedures on eye; corneal transplant
00145	6	Anesthesia for procedures on eye; vitreoretinal surgery
00147	4	Anesthesia for procedures on eye; iridectomy
00148	4	Anesthesia for procedures on eye; ophthalmoscopy
00160	5	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified
00162	7	Anesthesia for procedures on nose and accessory sinuses; radical surgery
00164	4	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue
00170	5	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00172	6	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate
00174	6	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor
00176	7	Anesthesia for intraoral procedures, including biopsy; radical surgery
00190	5	Anesthesia for procedures on facial bones or skull; not otherwise specified
00192	7	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)
00210	11	Anesthesia for intracranial procedures; not otherwise specified
00211	10	Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma
00212	5	Anesthesia for intracranial procedures; subdural taps
00214	9	Anesthesia for intracranial procedures; burr holes, including ventriculography
00215	9	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)
00216	15	Anesthesia for intracranial procedures; vascular procedures
00218	13	Anesthesia for intracranial procedures; procedures in sitting position
00220	10	Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures
00222	6	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve
00300	5	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified

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00320	6	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older
00322	3	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid
00326	7	Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age
00350	10	Anesthesia for procedures on major vessels of neck; not otherwise specified
00352	5	Anesthesia for procedures on major vessels of neck; simple ligation
00400	3	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified
00402	5	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)
00404	5	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast
00406	13	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection
00410	4	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias
00450	5	Anesthesia for procedures on clavicle and scapula; not otherwise specified
00452	6	Anesthesia for procedures on clavicle and scapula; radical surgery
00454	3	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle
00470	6	Anesthesia for partial rib resection; not otherwise specified
00472	10	Anesthesia for partial rib resection; thoracoplasty (any type)
00474	13	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)
00500	15	Anesthesia for all procedures on esophagus
00520	6	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified
00522	4	Anesthesia for closed chest procedures; needle biopsy of pleura
00524	4	Anesthesia for closed chest procedures; pneumocentesis
00528	8	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation
00529	11	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation
00530	4	Anesthesia for permanent transvenous pacemaker insertion
00532	4	Anesthesia for access to central venous circulation
00534	7	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator
00537	7	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation
00539	18	Anesthesia for tracheobronchial reconstruction
00540	12	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified
00541	15	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation

Code	Units	Description
00542	15	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication
00546	15	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty
00548	17	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi
00550	10	Anesthesia for sternal debridement
00560	15	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator
00561	25	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age
00562	20	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all non-coronary bypass procedures (eg, valve procedures) or for re-operation for coronary bypass more than 1 month after original operation
00563	25	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest
00566	25	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator
00567	18	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator
00580	20	Anesthesia for heart transplant or heart/lung transplant
00600	10	Anesthesia for procedures on cervical spine and cord; not otherwise specified
00604	13	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position
00620	10	Anesthesia for procedures on thoracic spine and cord; not otherwise specified
00622	13	Anesthesia for procedures on thoracic spine and cord; thoracolumbar sympathectomy
00625	13	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation
00626	15	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation
00630	8	Anesthesia for procedures in lumbar region; not otherwise specified
00632	7	Anesthesia for procedures in lumbar region; lumbar sympathectomy
00634	10	Anesthesia for procedures in lumbar region; chemonucleolysis
00635	4	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture
00640	3	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine
00670	13	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)
00700	4	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified
00702	4	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy
00730	5	Anesthesia for procedures on upper posterior abdominal wall

Code	Units	Description
00740	5	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum
00750	4	Anesthesia for hernia repairs in upper abdomen; not otherwise specified
00752	6	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence
00754	7	Anesthesia for hernia repairs in upper abdomen; omphalocele
00756	7	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia
00770	15	Anesthesia for all procedures on major abdominal blood vessels
00790	7	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified
00792	13	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)
00794	8	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)
00796	30	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)
00797	11	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity
00800	4	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified
00802	5	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy
00810	5	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum
00820	5	Anesthesia for procedures on lower posterior abdominal wall
00830	4	Anesthesia for hernia repairs in lower abdomen; not otherwise specified
00832	6	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias
00834	5	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age
00836	6	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery
00840	6	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
00842	4	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis
00844	7	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection
00846	8	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy
00848	8	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration
00851	6	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection
00860	6	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified

Code	Units	Description
00862	7	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy
00864	8	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy
00865	7	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)
00866	10	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy
00868	10	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)
00870	5	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy
00872	7	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath
00873	5	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath
00880	15	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified
00882	10	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation
00902	5	Anesthesia for; anorectal procedure
00904	7	Anesthesia for; radical perineal procedure
00906	4	Anesthesia for; vulvectomy
00908	6	Anesthesia for; perineal prostatectomy
00910	3	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified
00912	5	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder tumor(s)
00914	5	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate
00916	5	Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bleeding
00918	5	Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus
00920	3	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified
00921	3	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral
00922	6	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles
00924	4	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral
00926	4	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal
00928	6	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal
00930	4	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral

Code	Units	Description
00932	4	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis
00934	6	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy
00936	8	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy
00938	4	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)
00940	3	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
00942	4	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures
00944	6	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy
00948	4	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage
00950	5	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy
00952	4	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography
01112	5	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest
01120	6	Anesthesia for procedures on bony pelvis
01130	3	Anesthesia for body cast application or revision
01140	15	Anesthesia for interpelviabdominal (hindquarter) amputation
01150	10	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation
01160	4	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint
01170	8	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint
01173	12	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum
01180	3	Anesthesia for obturator neurectomy; extrapelvic
01190	4	Anesthesia for obturator neurectomy; intrapelvic
01200	4	Anesthesia for all closed procedures involving hip joint
01202	4	Anesthesia for arthroscopic procedures of hip joint
01210	6	Anesthesia for open procedures involving hip joint; not otherwise specified
01212	10	Anesthesia for open procedures involving hip joint; hip disarticulation
01214	8	Anesthesia for open procedures involving hip joint; total hip arthroplasty
01215	10	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty
01220	4	Anesthesia for all closed procedures involving upper two-thirds of femur
01230	6	Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified
01232	5	Anesthesia for open procedures involving upper two-thirds of femur; amputation
01234	8	Anesthesia for open procedures involving upper two-thirds of femur; radical resection
01250	4	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg

Code	Units	Description
01260	3	Anesthesia for all procedures involving veins of upper leg, including exploration
01270	8	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified
01272	4	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation
01274	6	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy
01320	4	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area
01340	4	Anesthesia for all closed procedures on lower one-third of femur
01360	5	Anesthesia for all open procedures on lower one-third of femur
01380	3	Anesthesia for all closed procedures on knee joint
01382	3	Anesthesia for diagnostic arthroscopic procedures of knee joint
01390	3	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella
01392	4	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella
01400	4	Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified
01402	7	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty
01404	5	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee
01420	3	Anesthesia for all cast applications, removal, or repair involving knee joint
01430	3	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified
01432	6	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula
01440	8	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified
01442	8	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft
01444	8	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm
01462	3	Anesthesia for all closed procedures on lower leg, ankle, and foot
01464	3	Anesthesia for arthroscopic procedures of ankle and/or foot
01470	3	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified
01472	5	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft
01474	5	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure)
01480	3	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified
01482	4	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)
01484	4	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula

Code	Units	Description
01486	7	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement
01490	3	Anesthesia for lower leg cast application, removal, or repair
01500	8	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified
01502	6	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter
01520	3	Anesthesia for procedures on veins of lower leg; not otherwise specified
01522	5	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter
01610	5	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla
01620	4	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint
01622	4	Anesthesia for diagnostic arthroscopic procedures of shoulder joint
01630	5	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified
01634	9	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation
01636	15	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation
01638	10	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement
01650	6	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified
01652	10	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm
01654	8	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft
01656	10	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft
01670	4	Anesthesia for all procedures on veins of shoulder and axilla
01680	3	Anesthesia for shoulder cast application, removal or repair; not otherwise specified
01682	4	Anesthesia for shoulder cast application, removal or repair; shoulder spica
01710	3	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified
01712	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open
01714	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder
01716	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps
01730	3	Anesthesia for all closed procedures on humerus and elbow
01732	3	Anesthesia for diagnostic arthroscopic procedures of elbow joint

Code	Units	Description
01740	4	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified
01742	5	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus
01744	5	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus
01756	6	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures
01758	5	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus
01760	7	Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement
01770	6	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified
01772	6	Anesthesia for procedures on arteries of upper arm and elbow; embolectomy
01780	3	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified
01782	4	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy
01810	3	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand
01820	3	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones
01829	3	Anesthesia for diagnostic arthroscopic procedures on the wrist
01830	3	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified
01832	6	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement
01840	6	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified
01842	6	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy
01844	6	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)
01850	3	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified
01852	4	Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy
01860	3	Anesthesia for forearm, wrist, or hand cast application, removal, or repair
01916	5	Anesthesia for diagnostic arteriography/venography
01920	7	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)
01922	7	Anesthesia for non-invasive imaging or radiation therapy
01924	5	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified
01925	7	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary
01926	8	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic
01930	5	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified

Code	Units	Description
01931	7	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])
01932	6	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular
01933	7	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial
01935	5	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic
01936	5	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic
01951	3	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area
01952	5	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area
01953	1	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure)
01958	5	Anesthesia for external cephalic version procedure
01960	5	Anesthesia for vaginal delivery only
01961	7	Anesthesia for cesarean delivery only
01962	8	Anesthesia for urgent hysterectomy following delivery
01963	8	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care
01965	4	Anesthesia for incomplete or missed abortion procedures
01966	4	Anesthesia for induced abortion procedures
01967	5	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)
01968	2	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
01969	5	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
01990	7	Physiological support for harvesting of organ(s) from brain-dead patient
01991	3	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position
01992	5	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); prone position
01996	3	Daily hospital management of epidural or subarachnoid continuous drug administration
01999	0	Unlisted anesthesia procedure(s)

(b) Surgical Services
NFAC – These amounts apply when service is performed in a non-facility setting
FAC – These amounts apply when service is performed in a facility setting
Global Fee – These amounts apply when no site of service differential rate is specified.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
10021	110.06	50.98	-	-	-	Fine needle aspiration; without imaging guidance
10022	106.07	47.83	-	-	-	Fine needle aspiration; with imaging guidance
10040	76.94	66.62	-	-	-	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060	83.59	69.94	-	-	-	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	137.05	118.65	-	-	-	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
10080	130.22	73.92	-	-	-	Incision and drainage of pilonidal cyst; simple
10081	197.32	123.75	-	-	-	Incision and drainage of pilonidal cyst; complicated
10120	104.01	68.06	-	-	-	Incision and removal of foreign body, subcutaneous tissues; simple
10121	199.89	135.51	-	-	-	Incision and removal of foreign body, subcutaneous tissues; complicated
10140	118.59	87.38	-	-	-	Incision and drainage of hematoma, seroma or fluid collection
10160	96.21	71.12	-	-	-	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	179.10	130.89	-	-	-	Incision and drainage, complex, postoperative wound infection
11000	39.98	21.58	-	-	-	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11001	15.90	10.88	-	-	-	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11004	-	-	422.68	-	-	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
11005	-	-	563.29	-	-	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
11006	-	-	515.68	-	-	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure
11008	-	-	197.89	-	-	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)
11010	363.80	206.63	-	-	-	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues
11011	396.62	218.83	-	-	-	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle
11012	531.38	314.30	-	-	-	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11042	67.20	34.87	-	-	-	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
11043	145.93	89.92	-	-	-	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11044	219.48	155.11	-	-	-	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
11045	23.50	12.91	-	-	-	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11046	40.35	27.53	-	-	-	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11047	66.01	47.89	-	-	-	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11055	37.44	14.87	-	-	-	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	44.49	21.08	-	-	-	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057	52.38	27.30	-	-	-	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
11100	79.89	36.69	-	-	-	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
11101	24.79	18.65	-	-	-	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)
11200	64.53	53.66	-	-	-	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11201	13.89	12.22	-	-	-	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
11300	52.94	22.00	-	-	-	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	71.10	37.66	-	-	-	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	84.86	46.96	-	-	-	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	99.96	55.09	-	-	-	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	52.54	24.67	-	-	-	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	72.26	40.22	-	-	-	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	85.65	48.30	-	-	-	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	94.41	55.68	-	-	-	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	64.95	32.06	-	-	-	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	81.24	46.96	-	-	-	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	94.53	54.40	-	-	-	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	116.68	72.64	-	-	-	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11400	91.45	58.29	-	-	-	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	110.77	76.21	-	-	-	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	123.15	83.86	-	-	-	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	140.57	106.85	-	-	-	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	159.65	117.85	-	-	-	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	224.41	175.37	-	-	-	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	90.70	60.60	-	-	-	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	116.85	82.02	-	-	-	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	129.92	99.83	-	-	-	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	149.89	115.62	-	-	-	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11424	171.57	131.45	-	-	-	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	242.30	198.55	-	-	-	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	100.28	76.04	-	-	-	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	125.09	97.50	-	-	-	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	140.74	108.13	-	-	-	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	166.52	131.96	-	-	-	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	208.08	167.11	-	-	-	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	284.29	236.91	-	-	-	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11450	274.75	179.16	-	-	-	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	349.35	230.36	-	-	-	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11462	270.72	172.63	-	-	-	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	357.34	234.73	-	-	-	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	299.59	202.06	-	-	-	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	369.31	248.65	-	-	-	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11600	140.97	86.63	-	-	-	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11601	171.22	110.47	-	-	-	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	187.21	121.72	-	-	-	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	211.48	144.04	-	-	-	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	233.79	157.71	-	-	-	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	327.88	230.90	-	-	-	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
11620	143.73	88.27	-	-	-	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	172.58	111.55	-	-	-	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	193.94	128.45	-	-	-	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11623	225.09	157.10	-	-	-	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	252.02	177.05	-	-	-	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	302.81	217.26	-	-	-	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11640	149.47	92.34	-	-	-	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	180.15	117.72	-	-	-	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	205.81	138.37	-	-	-	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	240.49	171.94	-	-	-	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	295.45	212.40	-	-	-	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	383.62	294.72	-	-	-	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
11719	16.56	5.97	-	-	-	Trimming of nondystrophic nails, any number
11720	23.63	11.09	-	-	-	Debridement of nail(s) by any method(s); 1 to 5
11721	31.93	18.83	-	-	-	Debridement of nail(s) by any method(s); 6 or more
11730	72.14	38.15	-	-	-	Avulsion of nail plate, partial or complete, simple; single
11732	32.65	19.84	-	-	-	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
11740	35.71	24.00	-	-	-	Evacuation of subungual hematoma
11750	162.69	128.70	-	-	-	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11752	233.88	194.59	-	-	-	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx
11755	100.36	59.67	-	-	-	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	164.11	98.34	-	-	-	Repair of nail bed
11762	203.44	139.34	-	-	-	Reconstruction of nail bed with graft
11765	106.35	52.28	-	-	-	Wedge excision of skin of nail fold (eg, for ingrown toenail)
11770	199.15	131.43	-	-	-	Excision of pilonidal cyst or sinus; simple
11771	409.49	309.16	-	-	-	Excision of pilonidal cyst or sinus; extensive
11772	490.79	406.91	-	-	-	Excision of pilonidal cyst or sinus; complicated
11900	42.87	23.36	-	-	-	Injection, intralesional; up to and including 7 lesions
11901	53.45	36.45	-	-	-	Injection, intralesional; more than 7 lesions
11920	133.89	85.96	-	-	-	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	153.90	101.23	-	-	-	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	46.78	21.98	-	-	-	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
11950	53.40	35.84	-	-	-	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	75.05	52.48	-	-	-	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	96.63	69.88	-	-	-	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	120.66	85.54	-	-	-	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11960	-	-	675.06	-	-	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	-	-	454.83	-	-	Replacement of tissue expander with permanent prosthesis
11971	357.47	235.97	-	-	-	Removal of tissue expander(s) without insertion of prosthesis
11976	108.84	69.55	-	-	-	Removal, implantable contraceptive capsules
11980	77.15	59.04	-	-	-	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
11981	101.86	60.89	-	-	-	Insertion, non-biodegradable drug delivery implant
11982	113.30	72.62	-	-	-	Removal, non-biodegradable drug delivery implant
11983	166.07	129.57	-	-	-	Removal with reinsertion, non-biodegradable drug delivery implant
12001	73.93	40.76	-	-	-	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	86.01	52.02	-	-	-	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12004	101.73	62.99	-	-	-	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005	130.44	82.50	-	-	-	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	157.41	100.84	-	-	-	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	182.85	120.98	-	-	-	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
12011	88.22	48.37	-	-	-	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	94.55	54.70	-	-	-	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	111.38	67.62	-	-	-	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	136.25	82.75	-	-	-	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016	169.26	109.34	-	-	-	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	-	-	124.69	-	-	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018	-	-	148.57	-	-	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12020	203.67	137.35	-	-	-	Treatment of superficial wound dehiscence; simple closure
12021	119.49	101.66	-	-	-	Treatment of superficial wound dehiscence; with packing
12031	185.42	120.77	-	-	-	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	234.97	146.91	-	-	-	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034	231.64	151.10	-	-	-	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	281.17	174.16	-	-	-	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
12036	305.46	198.45	-	-	-	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037	341.64	230.17	-	-	-	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12041	193.07	127.86	-	-	-	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	221.16	148.98	-	-	-	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12044	262.14	156.80	-	-	-	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	279.38	178.22	-	-	-	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	330.92	211.09	-	-	-	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	359.18	227.08	-	-	-	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12051	204.50	136.22	-	-	-	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	233.59	163.65	-	-	-	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	257.66	160.68	-	-	-	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054	272.33	167.83	-	-	-	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	325.72	199.48	-	-	-	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	390.76	255.05	-	-	-	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
12057	445.81	281.67	-	-	-	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13100	237.60	176.01	-	-	-	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	302.51	214.17	-	-	-	Repair, complex, trunk; 2.6 cm to 7.5 cm
13102	81.09	55.46	-	-	-	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13120	247.06	184.36	-	-	-	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	337.33	246.48	-	-	-	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	89.28	63.36	-	-	-	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13131	272.24	207.59	-	-	-	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	439.40	354.12	-	-	-	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	125.92	98.61	-	-	-	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13150	270.31	205.66	-	-	-	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
13151	307.82	238.98	-	-	-	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	424.84	318.94	-	-	-	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	138.22	105.90	-	-	-	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
13160	-	-	594.99	-	-	Secondary closure of surgical wound or dehiscence, extensive or complicated
14000	471.64	380.79	-	-	-	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
14001	606.41	498.00	-	-	-	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	529.93	434.06	-	-	-	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	663.35	552.16	-	-	-	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	582.10	486.79	-	-	-	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	721.06	599.28	-	-	-	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	589.17	514.48	-	-	-	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	774.69	640.09	-	-	-	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14301	832.71	687.24	-	-	-	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	-	-	172.75	-	-	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
14350	-	-	535.31	-	-	Filleted finger or toe flap, including preparation of recipient site
15002	253.11	166.16	-	-	-	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15003	54.93	32.92	-	-	-	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15004	297.46	201.31	-	-	-	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15005	89.62	65.65	-	-	-	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15040	194.33	93.45	-	-	-	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
15050	423.77	336.55	-	-	-	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15100	644.73	532.70	-	-	-	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15101	141.57	81.93	-	-	-	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15110	629.47	541.68	-	-	-	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15111	86.10	76.34	-	-	-	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15115	642.02	561.76	-	-	-	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15116	124.77	112.51	-	-	-	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15120	713.60	587.92	-	-	-	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15121	201.53	126.28	-	-	-	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15130	505.64	419.53	-	-	-	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15131	74.38	67.13	-	-	-	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15135	647.66	568.80	-	-	-	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15136	65.48	60.46	-	-	-	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15150	509.67	463.13	-	-	-	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less
15151	96.60	88.80	-	-	-	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15152	113.07	104.71	-	-	-	Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15155	479.72	441.27	-	-	-	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	122.64	114.84	-	-	-	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15157	121.29	111.26	-	-	-	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15200	615.45	497.57	-	-	-	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	113.13	59.06	-	-	-	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15220	582.75	466.54	-	-	-	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15221	104.96	53.41	-	-	-	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15240	702.06	604.80	-	-	-	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	140.31	84.02	-	-	-	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15260	760.72	653.15	-	-	-	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	163.67	107.10	-	-	-	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15271	106.59	62.83	-	-	-	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15272	20.06	12.42	-	-	-	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15273	217.24	149.76	-	-	-	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
15274	51.53	31.76	-	-	-	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or par thereof (List separately in addition to code for primary procedure)
15275	113.58	72.47	-	-	-	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15276	24.55	17.69	-	-	-	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15277	217.69	154.16	-	-	-	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15278	60.35	39.27	-	-	-	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof , or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15570	667.83	535.18	-	-	-	Formation of direct or tubed pedicle, with or without transfer; trunk
15572	652.11	548.72	-	-	-	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	682.32	573.35	-	-	-	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15576	607.32	505.32	-	-	-	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15600	251.88	156.30	-	-	-	Delay of flap or sectioning of flap (division and inset); at trunk
15610	262.46	182.20	-	-	-	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	335.33	243.92	-	-	-	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15630	354.09	264.36	-	-	-	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	389.92	293.22	-	-	-	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
15731	855.90	767.00	-	-	-	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
15732	1,119.97	990.66	-	-	-	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15734	1,135.96	997.18	-	-	-	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15736	1,002.52	859.56	-	-	-	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	1,061.78	928.57	-	-	-	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	775.75	656.19	-	-	-	Flap; island pedicle
15750	-	-	682.47	-	-	Flap; neurovascular pedicle
15756	-	-	1,751.06	-	-	Free muscle or myocutaneous flap with microvascular anastomosis
15757	-	-	1,734.91	-	-	Free skin flap with microvascular anastomosis
15758	-	-	1,727.47	-	-	Free fascial flap with microvascular anastomosis
15760	642.49	534.64	-	-	-	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15770	-	-	499.29	-	-	Graft; derma-fat-fascia
15775	216.93	155.90	-	-	-	Punch graft for hair transplant; 1 to 15 punch grafts
15776	319.00	228.71	-	-	-	Punch graft for hair transplant; more than 15 punch grafts
15777	-	-	152.00	-	-	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure)
15780	624.55	473.51	-	-	-	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	415.67	327.89	-	-	-	Dermabrasion; segmental, face
15782	426.81	302.52	-	-	-	Dermabrasion; regional, other than face
15783	373.42	285.08	-	-	-	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	185.21	103.00	-	-	-	Abrasion; single lesion (eg, keratosis, scar)
15787	37.15	12.91	-	-	-	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	351.92	190.00	-	-	-	Chemical peel, facial; epidermal
15789	431.04	324.02	-	-	-	Chemical peel, facial; dermal
15792	338.73	204.97	-	-	-	Chemical peel, nonfacial; epidermal
15793	374.32	278.18	-	-	-	Chemical peel, nonfacial; dermal

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15819	-	-	523.26	-	-	Cervicoplasty
15820	420.26	379.01	-	-	-	Blepharoplasty, lower eyelid;
15821	447.70	401.72	-	-	-	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	327.95	287.82	-	-	-	Blepharoplasty, upper eyelid;
15823	460.08	414.93	-	-	-	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	-	-	I.C.	-	-	Rhytidectomy; forehead
15825	-	-	I.C.	-	-	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	-	-	I.C.	-	-	Rhytidectomy; glabellar frown lines
15828	-	-	I.C.	-	-	Rhytidectomy; cheek, chin, and neck
15829	-	-	I.C.	-	-	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	-	-	860.42	-	-	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	-	-	684.70	-	-	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	-	-	644.45	-	-	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	-	-	647.54	-	-	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	-	-	684.56	-	-	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	-	-	531.95	-	-	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	619.81	516.70	-	-	-	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	-	-	431.71	-	-	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	644.12	537.38	-	-	-	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15840	-	-	761.24	-	-	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	-	-	1,258.24	-	-	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842	-	-	1,878.13	-	-	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845	-	-	731.32	-	-	Graft for facial nerve paralysis; regional muscle transfer
15847	-	-	I.C.	-	-	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15850	66.63	29.29	-	-	-	Removal of sutures under anesthesia (other than local), same surgeon
15851	72.37	33.35	-	-	-	Removal of sutures under anesthesia (other than local), other surgeon
15852	-	-	34.00	-	-	Dressing change (for other than burns) under anesthesia (other than local)
15860	-	-	79.04	-	-	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
15876	-	-	I.C.	-	-	Suction assisted lipectomy; head and neck
15877	-	-	I.C.	-	-	Suction assisted lipectomy; trunk
15878	-	-	I.C.	-	-	Suction assisted lipectomy; upper extremity
15879	-	-	I.C.	-	-	Suction assisted lipectomy; lower extremity
15920	-	-	442.46	-	-	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15922	-	-	572.56	-	-	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
15931	-	-	490.82	-	-	Excision, sacral pressure ulcer, with primary suture;
15933	-	-	612.12	-	-	Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934	-	-	677.19	-	-	Excision, sacral pressure ulcer, with skin flap closure;
15935	-	-	804.27	-	-	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15936	-	-	653.93	-	-	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15937	-	-	766.77	-	-	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15940	-	-	507.07	-	-	Excision, ischial pressure ulcer, with primary suture;
15941	-	-	662.35	-	-	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
15944	-	-	658.16	-	-	Excision, ischial pressure ulcer, with skin flap closure;
15945	-	-	731.10	-	-	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946	-	-	1,208.47	-	-	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
15950	-	-	419.18	-	-	Excision, trochanteric pressure ulcer, with primary suture;
15951	-	-	634.47	-	-	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
15952	-	-	612.54	-	-	Excision, trochanteric pressure ulcer, with skin flap closure;
15953	-	-	673.89	-	-	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
15956	-	-	849.60	-	-	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15958	-	-	869.26	-	-	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15999	-	-	I.C.	-	-	Unlisted procedure, excision pressure ulcer
16000	50.80	33.24	-	-	-	Initial treatment, first degree burn, when no more than local treatment is required
16020	62.65	42.30	-	-	-	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
16025	109.88	84.52	-	-	-	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)
16030	132.73	96.22	-	-	-	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)
16035	-	-	147.35	-	-	Escharotomy; initial incision
16036	-	-	59.43	-	-	Escharotomy; each additional incision (List separately in addition to code for primary procedure)
17000	62.08	42.30	-	-	-	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	5.50	3.27	-	-	-	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	131.72	100.78	-	-	-	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17106	259.66	208.39	-	-	-	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	336.53	268.26	-	-	-	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	475.89	390.89	-	-	-	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
17110	85.59	52.71	-	-	-	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	101.23	65.00	-	-	-	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17250	58.82	26.78	-	-	-	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
17260	72.28	51.10	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
17261	110.06	69.65	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
17262	132.90	88.31	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
17263	146.06	97.57	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm
17264	156.38	103.99	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm
17266	176.74	120.73	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
17270	114.34	75.33	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
17271	125.42	84.46	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
17272	142.79	97.09	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
17273	158.67	109.34	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm
17274	186.41	133.19	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
17276	214.64	158.91	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
17280	107.55	68.82	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	135.17	94.76	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
17282	156.48	109.38	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
17283	187.25	135.98	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm
17284	216.56	160.82	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
17286	271.90	214.50	-	-	-	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
17311	517.06	286.59	-	-	-	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
17312	310.61	152.32	-	-	-	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)
17313	472.03	257.17	-	-	-	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
17314	288.08	141.21	-	-	-	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
17315	61.56	40.10	-	-	-	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)
17340	36.66	34.98	-	-	-	Cryotherapy (CO_2 slush, liquid N_2) for acne
17360	100.17	75.92	-	-	-	Chemical exfoliation for acne (eg, acne paste, acid)
17380	-	-	I.C.	-	-	Electrolysis epilation, each 30 minutes
17999	-	-	I.C.	-	-	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19000	85.07	32.13	-	-	-	Puncture aspiration of cyst of breast;
19001	19.73	15.83	-	-	-	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)
19020	341.80	217.79	-	-	-	Mastotomy with exploration or drainage of abscess, deep
19030	125.47	57.19	-	-	-	Injection procedure only for mammary ductogram or galactogram
19100	109.41	49.49	-	-	-	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
19101	247.49	158.31	-	-	-	Biopsy of breast; open, incisional
19102	165.08	75.34	-	-	-	Biopsy of breast; percutaneous, needle core, using imaging guidance
19103	430.40	140.30	-	-	-	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance
19105	1,652.13	141.14	-	-	-	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
19110	352.10	243.97	-	-	-	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	332.49	222.14	-	-	-	Excision of lactiferous duct fistula

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
19120	350.94	292.97	-	-	-	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	388.89	325.07	-	-	-	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19126	-	-	114.92	-	-	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19260	-	-	881.61	-	-	Excision of chest wall tumor including ribs
19271	-	-	1,205.84	-	-	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy
19272	-	-	1,329.66	-	-	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy
19290	124.93	47.74	-	-	-	Preoperative placement of needle localization wire, breast;
19291	52.69	23.42	-	-	-	Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)
19295	-	-	74.03	-	-	Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)
19296	3,218.67	150.16	-	-	-	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
19297	-	-	67.35	-	-	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19298	964.71	237.64	-	-	-	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
19300	377.70	290.75	-	-	-	Mastectomy for gynecomastia
19301	-	-	458.64	-	-	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19302	-	-	632.38	-	-	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19303	-	-	709.06	-	-	Mastectomy, simple, complete
19304	-	-	409.53	-	-	Mastectomy, subcutaneous
19305	-	-	803.56	-	-	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19306	-	-	848.01	-	-	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
19307	-	-	847.92	-	-	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
19316	-	-	572.64	-	-	Mastopexy
19318	-	-	831.69	-	-	Reduction mammaplasty
19324	-	-	354.39	-	-	Mammaplasty, augmentation; without prosthetic implant
19325	-	-	483.17	-	-	Mammaplasty, augmentation; with prosthetic implant
19328	-	-	368.95	-	-	Removal of intact mammary implant
19330	-	-	470.16	-	-	Removal of mammary implant material

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
19340	-	-	638.72	-	-	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	-	-	690.63	-	-	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	631.10	504.86	-	-	-	Nipple/areola reconstruction
19355	521.41	413.00	-	-	-	Correction of inverted nipples
19357	-	-	1,112.91	-	-	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	-	-	1,261.52	-	-	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364	-	-	2,063.02	-	-	Breast reconstruction with free flap
19366	-	-	1,011.17	-	-	Breast reconstruction with other technique
19367	-	-	1,342.71	-	-	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
19368	-	-	1,655.60	-	-	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369	-	-	1,528.37	-	-	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	-	-	512.81	-	-	Open periprosthetic capsulotomy, breast
19371	-	-	587.19	-	-	Periprosthetic capsulectomy, breast
19380	-	-	577.46	-	-	Revision of reconstructed breast
19396	184.04	99.60	-	-	-	Preparation of moulage for custom breast implant
19499	-	-	I.C.	-	-	Unlisted procedure, breast
20005	223.83	170.33	-	-	-	Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)
20100	-	-	430.53	-	-	Exploration of penetrating wound (separate procedure); neck
20101	305.83	145.86	-	-	-	Exploration of penetrating wound (separate procedure); chest

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
20102	360.30	182.78	-	-	-	Exploration of penetrating wound (separate procedure); abdomen/flank/back
20103	431.02	256.56	-	-	-	Exploration of penetrating wound (separate procedure); extremity
20150	-	-	724.82	-	-	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
20200	151.25	68.21	-	-	-	Biopsy, muscle; superficial
20205	206.04	110.45	-	-	-	Biopsy, muscle; deep
20206	198.04	45.05	-	-	-	Biopsy, muscle, percutaneous needle
20220	127.53	55.64	-	-	-	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225	490.40	84.09	-	-	-	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20240	-	-	165.95	-	-	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245	-	-	465.69	-	-	Biopsy, bone, open; deep (eg, humerus, ischium, femur)
20250	-	-	278.64	-	-	Biopsy, vertebral body, open; thoracic
20251	-	-	304.47	-	-	Biopsy, vertebral body, open; lumbar or cervical
20500	83.09	66.65	-	-	-	Injection of sinus tract; therapeutic (separate procedure)
20501	97.45	28.61	-	-	-	Injection of sinus tract; diagnostic (sinogram)
20520	147.14	106.73	-	-	-	Removal of foreign body in muscle or tendon sheath; simple
20525	361.17	182.82	-	-	-	Removal of foreign body in muscle or tendon sheath; deep or complicated
20526	55.72	41.79	-	-	-	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
20527	55.46	42.81	-	-	-	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)
20550	42.49	29.95	-	-	-	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20551	43.33	31.06	-	-	-	Injection(s); single tendon origin/insertion

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
20552	39.85	27.03	-	-	-	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	45.09	30.32	-	-	-	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)
20555	-	-	240.04	-	-	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)
20600	40.40	28.70	-	-	-	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20605	44.14	30.21	-	-	-	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610	58.97	36.67	-	-	-	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
20612	43.79	30.69	-	-	-	Aspiration and/or injection of ganglion cyst(s) any location
20615	164.33	117.23	-	-	-	Aspiration and injection for treatment of bone cyst
20650	147.79	112.96	-	-	-	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20660	-	-	175.43	-	-	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
20661	-	-	362.14	-	-	Application of halo, including removal; cranial
20662	-	-	321.54	-	-	Application of halo, including removal; pelvic
20663	-	-	339.25	-	-	Application of halo, including removal; femoral
20664	-	-	592.35	-	-	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)
20665	83.17	69.52	-	-	-	Removal of tongs or halo applied by another physician

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
20670	303.04	111.03	-	-	-	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
20680	460.14	312.72	-	-	-	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20690	-	-	420.62	-	-	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system
20692	-	-	793.50	-	-	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
20693	-	-	337.81	-	-	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])
20694	319.17	250.33	-	-	-	Removal, under anesthesia, of external fixation system
20696	-	-	800.53	-	-	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)
20697	-	-	1,373.23	-	-	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each
20802	-	-	1,702.54	-	-	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation
20805	-	-	2,051.30	-	-	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation
20808	-	-	3,068.02	-	-	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
20816	-	-	1,602.86	-	-	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation
20822	-	-	1,406.20	-	-	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
20824	-	-	1,601.08	-	-	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
20827	-	-	1,461.44	-	-	Replantation, thumb (includes distal tip to MP joint), complete amputation
20838	-	-	1,751.66	-	-	Replantation, foot, complete amputation
20900	318.75	173.01	-	-	-	Bone graft, any donor area; minor or small (eg, dowel or button)
20902	-	-	242.63	-	-	Bone graft, any donor area; major or large
20910	-	-	317.85	-	-	Cartilage graft; costochondral
20912	-	-	365.88	-	-	Cartilage graft; nasal septum
20920	-	-	301.67	-	-	Fascia lata graft; by stripper
20922	448.96	365.63	-	-	-	Fascia lata graft; by incision and area exposure, complex or sheet
20924	-	-	374.82	-	-	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20926	-	-	323.46	-	-	Tissue grafts, other (eg, paratenon, fat, dermis)
20930	-	-	I.C.	-	-	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
20931	-	-	81.77	-	-	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
20936	-	-	I.C.	-	-	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
20937	-	-	123.60	-	-	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
20938	-	-	135.01	-	-	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20950	192.21	67.09	-	-	-	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
20955	-	-	1,891.24	-	-	Bone graft with microvascular anastomosis; fibula
20956	-	-	1,944.70	-	-	Bone graft with microvascular anastomosis; iliac crest
20957	-	-	1,879.16	-	-	Bone graft with microvascular anastomosis; metatarsal
20962	-	-	1,936.98	-	-	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal
20969	-	-	2,088.32	-	-	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970	-	-	2,073.59	-	-	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972	-	-	1,688.72	-	-	Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973	-	-	1,997.91	-	-	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
20974	52.90	35.90	-	-	-	Electrical stimulation to aid bone healing; noninvasive (nonoperative)
20975	-	-	129.88	-	-	Electrical stimulation to aid bone healing; invasive (operative)
20979	39.34	24.57	-	-	-	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
20982	2,896.77	282.78	-	-	-	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
20985	-	-	108.33	-	-	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)
20999	-	-	I.C.	-	-	Unlisted procedure, musculoskeletal system, general
21010	-	-	537.68	-	-	Arthrotomy, temporomandibular joint
21011	254.33	190.24	-	-	-	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm
21012	-	-	260.95	-	-	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater
21013	388.84	303.29	-	-	-	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm
21014	-	-	401.14	-	-	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater
21015	-	-	484.53	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp; less than 2 cm
21016	-	-	785.85	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp; 2 cm or greater
21025	669.66	560.97	-	-	-	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	462.41	373.51	-	-	-	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	580.05	481.12	-	-	-	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	386.53	310.45	-	-	-	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	293.98	218.46	-	-	-	Excision of torus mandibularis
21032	299.04	215.99	-	-	-	Excision of maxillary torus palatinus
21034	1,001.55	876.70	-	-	-	Excision of malignant tumor of maxilla or zygoma
21040	389.69	310.27	-	-	-	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	-	-	661.08	-	-	Excision of malignant tumor of mandible;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21045	-	-	918.87	-	-	Excision of malignant tumor of mandible; radical resection
21046	-	-	822.48	-	-	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21047	-	-	968.29	-	-	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))
21048	-	-	840.06	-	-	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21049	-	-	928.50	-	-	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))
21050	-	-	654.71	-	-	Condylectomy, temporomandibular joint (separate procedure)
21060	-	-	608.09	-	-	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	-	-	469.27	-	-	Coronoidectomy (separate procedure)
21073	294.52	187.23	-	-	-	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
21076	725.41	609.76	-	-	-	Impression and custom preparation; surgical obturator prosthesis
21077	1,805.63	1,546.74	-	-	-	Impression and custom preparation; orbital prosthesis
21079	1,228.91	1,024.64	-	-	-	Impression and custom preparation; interim obturator prosthesis
21080	1,388.26	1,146.09	-	-	-	Impression and custom preparation; definitive obturator prosthesis
21081	1,274.68	1,046.16	-	-	-	Impression and custom preparation; mandibular resection prosthesis
21082	1,198.82	978.38	-	-	-	Impression and custom preparation; palatal augmentation prosthesis
21083	1,123.39	887.07	-	-	-	Impression and custom preparation; palatal lift prosthesis
21084	1,314.40	1,056.34	-	-	-	Impression and custom preparation; speech aid prosthesis

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21085	581.14	456.85	-	-	-	Impression and custom preparation; oral surgical splint
21086	1,325.39	1,130.31	-	-	-	Impression and custom preparation; auricular prosthesis
21087	1,322.60	1,126.13	-	-	-	Impression and custom preparation; nasal prosthesis
21088	-	-	I.C.	-	-	Impression and custom preparation; facial prosthesis
21089	-	-	I.C.	-	-	Unlisted maxillofacial prosthetic procedure
21100	506.20	278.24	-	-	-	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	597.45	500.19	-	-	-	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21116	115.57	30.29	-	-	-	Injection procedure for temporomandibular joint arthrography
21120	491.34	391.02	-	-	-	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	590.63	490.02	-	-	-	Genioplasty; sliding osteotomy, single piece
21122	-	-	532.06	-	-	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	-	-	663.07	-	-	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	2,416.78	587.55	-	-	-	Augmentation, mandibular body or angle; prosthetic material
21127	2,963.82	660.28	-	-	-	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	-	-	532.10	-	-	Reduction forehead; contouring only
21138	-	-	662.68	-	-	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	-	-	741.93	-	-	Reduction forehead; contouring and setback of anterior frontal sinus wall

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21141	-	-	1,019.06	-	-	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	-	-	1,024.25	-	-	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	-	-	1,084.84	-	-	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	-	-	1,120.04	-	-	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	-	-	1,267.96	-	-	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	-	-	1,226.61	-	-	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	-	-	1,231.08	-	-	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	-	-	1,467.38	-	-	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	-	-	1,591.15	-	-	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	-	-	1,623.55	-	-	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	-	-	2,085.65	-	-	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21160	-	-	1,998.11	-	-	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21172	-	-	1,327.98	-	-	Reconstruction superior lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	-	-	1,733.93	-	-	Reconstruction, bifrontal, superior lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	-	-	1,128.04	-	-	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	-	-	1,239.22	-	-	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181	-	-	533.69	-	-	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182	-	-	1,471.98	-	-	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183	-	-	1,657.44	-	-	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21184	-	-	1,828.41	-	-	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
21188	-	-	1,209.76	-	-	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	-	-	969.84	-	-	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	-	-	1,040.19	-	-	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	-	-	1,009.16	-	-	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	-	-	1,104.94	-	-	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	-	-	874.93	-	-	Osteotomy, mandible, segmental;
21199	-	-	758.34	-	-	Osteotomy, mandible, segmental; with genioglossus advancement
21206	-	-	911.70	-	-	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	1,410.25	626.05	-	-	-	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	638.90	497.33	-	-	-	Osteoplasty, facial bones; reduction
21210	1,704.91	631.44	-	-	-	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	3,005.76	667.66	-	-	-	Graft, bone; mandible (includes obtaining graft)
21230	-	-	576.81	-	-	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	558.92	432.12	-	-	-	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	-	-	822.26	-	-	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21242	-	-	754.76	-	-	Arthroplasty, temporomandibular joint, with allograft
21243	-	-	1,239.82	-	-	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	-	-	800.76	-	-	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	859.36	679.34	-	-	-	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	-	-	623.96	-	-	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	-	-	1,201.98	-	-	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	816.82	660.76	-	-	-	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	1,117.79	933.86	-	-	-	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255	-	-	1,041.92	-	-	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	-	-	884.61	-	-	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260	-	-	1,010.34	-	-	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	-	-	1,623.85	-	-	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263	-	-	1,412.68	-	-	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	-	-	1,202.03	-	-	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	-	-	1,357.23	-	-	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21270	720.87	543.36	-	-	-	Malar augmentation, prosthetic material
21275	-	-	622.11	-	-	Secondary revision of orbitocraniofacial reconstruction
21280	-	-	421.46	-	-	Medial canthopexy (separate procedure)
21282	-	-	280.28	-	-	Lateral canthopexy
21295	-	-	133.94	-	-	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	-	-	304.53	-	-	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21299	-	-	I.C.	-	-	Unlisted craniofacial and maxillofacial procedure
21310	88.07	20.07	-	-	-	Closed treatment of nasal bone fracture without manipulation
21315	210.47	114.32	-	-	-	Closed treatment of nasal bone fracture; without stabilization
21320	197.93	102.90	-	-	-	Closed treatment of nasal bone fracture; with stabilization
21325	-	-	364.96	-	-	Open treatment of nasal fracture; uncomplicated
21330	-	-	438.50	-	-	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335	-	-	556.98	-	-	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336	-	-	498.16	-	-	Open treatment of nasal septal fracture, with or without stabilization
21337	308.51	222.40	-	-	-	Closed treatment of nasal septal fracture, with or without stabilization
21338	-	-	574.39	-	-	Open treatment of nasoethmoid fracture; without external fixation
21339	-	-	612.99	-	-	Open treatment of nasoethmoid fracture; with external fixation
21340	-	-	582.29	-	-	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343	-	-	866.39	-	-	Open treatment of depressed frontal sinus fracture

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21344	-	-	1,219.39	-	-	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	597.99	478.71	-	-	-	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	-	-	707.57	-	-	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	-	-	838.82	-	-	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21348	-	-	867.10	-	-	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21355	341.32	249.36	-	-	-	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	378.93	283.63	-	-	-	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360	-	-	399.92	-	-	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	-	-	829.57	-	-	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366	-	-	938.18	-	-	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
21385	-	-	525.70	-	-	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	-	-	493.88	-	-	Open treatment of orbital floor blowout fracture; periorbital approach
21387	-	-	559.61	-	-	Open treatment of orbital floor blowout fracture; combined approach

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21390	-	-	591.38	-	-	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21395	-	-	727.33	-	-	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
21400	141.64	114.32	-	-	-	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	366.32	225.31	-	-	-	Closed treatment of fracture of orbit, except blowout; with manipulation
21406	-	-	414.31	-	-	Open treatment of fracture of orbit, except blowout; without implant
21407	-	-	483.84	-	-	Open treatment of fracture of orbit, except blowout; with implant
21408	-	-	670.94	-	-	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21421	576.12	486.11	-	-	-	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	-	-	500.64	-	-	Open treatment of palatal or maxillary fracture (LeFort I type);
21423	-	-	614.39	-	-	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	-	-	564.38	-	-	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432	-	-	527.19	-	-	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	-	-	1,242.77	-	-	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	-	-	971.41	-	-	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21436	-	-	1,518.98	-	-	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	431.21	352.34	-	-	-	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	584.10	473.74	-	-	-	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	452.14	367.98	-	-	-	Closed treatment of mandibular fracture; without manipulation
21451	584.57	485.36	-	-	-	Closed treatment of mandibular fracture; with manipulation
21452	460.76	264.29	-	-	-	Percutaneous treatment of mandibular fracture, with external fixation
21453	680.69	590.12	-	-	-	Closed treatment of mandibular fracture with interdental fixation
21454	-	-	419.18	-	-	Open treatment of mandibular fracture with external fixation
21461	1,603.45	714.47	-	-	-	Open treatment of mandibular fracture; without interdental fixation
21462	1,697.37	781.92	-	-	-	Open treatment of mandibular fracture; with interdental fixation
21465	-	-	707.22	-	-	Open treatment of mandibular condylar fracture
21470	-	-	898.83	-	-	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	71.52	23.31	-	-	-	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	526.95	441.12	-	-	-	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	-	-	693.07	-	-	Open treatment of temporomandibular dislocation
21495	-	-	542.03	-	-	Open treatment of hyoid fracture
21497	526.10	444.73	-	-	-	Interdental wiring, for condition other than fracture

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21499	-	-	I.C.	-	-	Unlisted musculoskeletal procedure, head
21501	340.98	239.82	-	-	-	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21502	-	-	375.60	-	-	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
21510	-	-	348.78	-	-	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
21550	198.48	118.78	-	-	-	Biopsy, soft tissue of neck or thorax
21552	-	-	337.15	-	-	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
21554	-	-	551.79	-	-	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater
21555	311.51	229.30	-	-	-	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm
21556	-	-	379.86	-	-	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm
21557	-	-	650.89	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or anterior thorax; less than 5 cm
21558	-	-	1,020.98	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or anterior thorax; 5 cm or greater
21600	-	-	418.56	-	-	Excision of rib, partial
21610	-	-	837.66	-	-	Costotransversectomy (separate procedure)
21615	-	-	483.55	-	-	Excision first and/or cervical rib;
21616	-	-	590.87	-	-	Excision first and/or cervical rib; with sympathectomy
21620	-	-	388.76	-	-	Ostectomy of sternum, partial
21627	-	-	409.02	-	-	Sternal debridement
21630	-	-	935.66	-	-	Radical resection of sternum;
21632	-	-	920.37	-	-	Radical resection of sternum; with mediastinal lymphadenectomy
21685	-	-	752.12	-	-	Hyoid myotomy and suspension
21700	-	-	315.95	-	-	Division of scalenus anticus; without resection of cervical rib

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21705	-	-	441.47	-	-	Division of scalenus anticus; with resection of cervical rib
21720	-	-	326.41	-	-	Division of sternocleidomastoid for torticollis, open operation; without cast application
21725	-	-	395.14	-	-	Division of sternocleidomastoid for torticollis, open operation; with cast application
21740	-	-	761.57	-	-	Reconstructive repair of pectus excavatum or carinatum; open
21742	-	-	I.C.	-	-	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743	-	-	I.C.	-	-	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
21750	-	-	516.47	-	-	Closure of median sternotomy separation with or without debridement (separate procedure)
21800	77.39	79.34	-	-	-	Closed treatment of rib fracture, uncomplicated, each
21805	-	-	197.49	-	-	Open treatment of rib fracture without fixation, each
21810	-	-	384.84	-	-	Treatment of rib fracture requiring external fixation (flail chest)
21820	102.39	104.34	-	-	-	Closed treatment of sternum fracture
21825	-	-	418.57	-	-	Open treatment of sternum fracture with or without skeletal fixation
21899	-	-	I.C.	-	-	Unlisted procedure, neck or thorax
21920	198.39	121.19	-	-	-	Biopsy, soft tissue of back or flank; superficial
21925	322.70	254.15	-	-	-	Biopsy, soft tissue of back or flank; deep
21930	348.31	268.33	-	-	-	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm
21931	-	-	351.13	-	-	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater
21932	-	-	500.56	-	-	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm
21933	-	-	549.81	-	-	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21935	-	-	756.55	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank; less than 5 cm
21936	-	-	1,061.05	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank; 5 cm or greater
22010	-	-	684.73	-	-	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic
22015	-	-	675.12	-	-	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral
22100	-	-	634.12	-	-	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical
22101	-	-	618.69	-	-	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22102	-	-	603.57	-	-	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22103	-	-	105.00	-	-	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)
22110	-	-	776.61	-	-	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
22112	-	-	764.00	-	-	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22114	-	-	729.55	-	-	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
22116	-	-	102.66	-	-	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22206	-	-	1,721.12	-	-	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
22207	-	-	1,736.53	-	-	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar
22208	-	-	428.09	-	-	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)
22210	-	-	1,286.93	-	-	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
22212	-	-	1,072.76	-	-	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
22214	-	-	1,079.04	-	-	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
22216	-	-	268.12	-	-	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
22220	-	-	1,169.35	-	-	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22222	-	-	1,091.59	-	-	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
22224	-	-	1,152.08	-	-	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22226	-	-	268.29	-	-	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22305	139.41	126.87	-	-	-	Closed treatment of vertebral process fracture(s)
22310	220.36	203.36	-	-	-	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
22315	647.53	564.76	-	-	-	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction
22318	-	-	1,175.90	-	-	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting
22319	-	-	1,304.55	-	-	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
22325	-	-	1,037.21	-	-	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar
22326	-	-	1,073.09	-	-	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22327	-	-	1,071.37	-	-	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic
22328	-	-	206.47	-	-	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)
22505	-	-	86.87	-	-	Manipulation of spine requiring anesthesia, any region
22520	1,785.04	385.80	-	-	-	Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; thoracic
22521	1,753.04	364.94	-	-	-	Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; lumbar
22522	-	-	168.72	-	-	Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
22523	-	-	430.64	-	-	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic
22524	-	-	414.18	-	-	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22525	-	-	191.01	-	-	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
22526	1,687.06	239.06	-	-	-	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
22527	1,365.57	106.23	-	-	-	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)
22532	-	-	1,291.78	-	-	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22533	-	-	1,222.88	-	-	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22534	-	-	266.40	-	-	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)
22548	-	-	1,399.52	-	-	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
22551	-	-	1,262.79	-	-	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22552	-	-	291.73	-	-	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
22554	-	-	925.74	-	-	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22556	-	-	1,213.90	-	-	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22558	-	-	1,123.60	-	-	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22585	-	-	246.10	-	-	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22590	-	-	1,139.33	-	-	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	-	-	1,084.39	-	-	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600	-	-	929.60	-	-	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
22610	-	-	913.17	-	-	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)
22612	-	-	1,162.85	-	-	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22614	-	-	287.62	-	-	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22630	-	-	1,120.08	-	-	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632	-	-	234.11	-	-	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
22633	-	-	1,328.02	-	-	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
22634	-	-	354.75	-	-	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment list (List separately in addition to code for primary procedure)
22800	-	-	989.12	-	-	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802	-	-	1,544.74	-	-	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804	-	-	1,779.94	-	-	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808	-	-	1,337.52	-	-	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810	-	-	1,485.91	-	-	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22812	-	-	1,622.64	-	-	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22818	-	-	1,601.91	-	-	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
22819	-	-	1,961.15	-	-	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
22830	-	-	591.14	-	-	Exploration of spinal fusion
22840	-	-	560.05	-	-	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
22841	-	-	I.C.	-	-	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
22842	-	-	561.40	-	-	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
22843	-	-	597.19	-	-	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)
22844	-	-	725.25	-	-	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22845	-	-	537.91	-	-	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
22846	-	-	558.33	-	-	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
22847	-	-	633.63	-	-	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
22848	-	-	265.49	-	-	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
22849	-	-	949.06	-	-	Reinsertion of spinal fixation device
22850	-	-	525.13	-	-	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22851	-	-	299.45	-	-	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)
22852	-	-	502.74	-	-	Removal of posterior segmental instrumentation
22855	-	-	811.55	-	-	Removal of anterior instrumentation
22856	-	-	1,201.82	-	-	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical
22857	-	-	1,222.74	-	-	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
22861	-	-	1,449.28	-	-	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical

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22862	-	-	1,387.25	-	-	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22864	-	-	1,372.44	-	-	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22865	-	-	1,488.21	-	-	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22899	-	-	I.C.	-	-	Unlisted procedure, spine
22900	-	-	385.22	-	-	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm
22901	-	-	488.73	-	-	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater
22902	335.29	257.54	-	-	-	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
22903	-	-	331.48	-	-	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
22904	-	-	758.46	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of abdominal wall; less than 5 cm
22905	-	-	987.12	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of abdominal wall; 5 cm or greater
22999	-	-	I.C.	-	-	Unlisted procedure, abdomen, musculoskeletal system
23000	420.33	270.12	-	-	-	Removal of subdeltoid calcareous deposits, open
23020	-	-	505.98	-	-	Capsular contracture release (eg, Sever type procedure)
23030	327.06	188.55	-	-	-	Incision and drainage, shoulder area; deep abscess or hematoma
23031	306.98	158.45	-	-	-	Incision and drainage, shoulder area; infected bursa
23035	-	-	502.54	-	-	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040	-	-	529.17	-	-	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body

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23044	-	-	420.24	-	-	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
23065	162.48	124.86	-	-	-	Biopsy, soft tissue of shoulder area; superficial
23066	396.65	254.80	-	-	-	Biopsy, soft tissue of shoulder area; deep
23071	-	-	314.28	-	-	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
23073	-	-	519.03	-	-	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater
23075	299.26	211.19	-	-	-	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
23076	-	-	397.39	-	-	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm
23077	-	-	846.78	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area; less than 5 cm
23078	-	-	1,026.38	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area; 5 cm or greater
23100	-	-	365.24	-	-	Arthrotomy, glenohumeral joint, including biopsy
23101	-	-	331.33	-	-	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
23105	-	-	468.71	-	-	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106	-	-	359.46	-	-	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107	-	-	485.77	-	-	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	-	-	428.31	-	-	Claviculectomy; partial
23125	-	-	518.61	-	-	Claviculectomy; total
23130	-	-	447.82	-	-	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140	-	-	381.18	-	-	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
23145	-	-	510.11	-	-	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146	-	-	449.65	-	-	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150	-	-	483.11	-	-	Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155	-	-	582.31	-	-	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156	-	-	497.14	-	-	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170	-	-	401.76	-	-	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172	-	-	411.05	-	-	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	-	-	557.05	-	-	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	-	-	500.28	-	-	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182	-	-	490.25	-	-	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184	-	-	544.78	-	-	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
23190	-	-	416.13	-	-	Ostectomy of scapula, partial (eg, superior medial angle)
23195	-	-	553.96	-	-	Resection, humeral head
23200	-	-	1,028.15	-	-	Radical resection of tumor; clavicle
23210	-	-	1,199.64	-	-	Radical resection of tumor; scapula
23220	-	-	1,323.50	-	-	Radical resection of tumor, proximal humerus
23330	173.98	110.72	-	-	-	Removal of foreign body, shoulder; subcutaneous
23331	-	-	434.86	-	-	Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
23332	-	-	649.32	-	-	Removal of foreign body, shoulder; complicated (eg, total shoulder)
23350	116.91	37.77	-	-	-	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography
23395	-	-	945.56	-	-	Muscle transfer, any type, shoulder or upper arm; single
23397	-	-	840.99	-	-	Muscle transfer, any type, shoulder or upper arm; multiple
23400	-	-	715.89	-	-	Scapulopexy (eg, Sprengels deformity or for paralysis)
23405	-	-	462.08	-	-	Tenotomy, shoulder area; single tendon
23406	-	-	573.49	-	-	Tenotomy, shoulder area; multiple tendons through same incision
23410	-	-	607.21	-	-	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	-	-	631.43	-	-	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415	-	-	512.50	-	-	Coracoacromial ligament release, with or without acromioplasty
23420	-	-	715.99	-	-	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	-	-	546.58	-	-	Tenodesis of long tendon of biceps
23440	-	-	556.46	-	-	Resection or transplantation of long tendon of biceps
23450	-	-	697.28	-	-	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	-	-	740.54	-	-	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460	-	-	804.59	-	-	Capsulorrhaphy, anterior, any type; with bone block
23462	-	-	789.72	-	-	Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465	-	-	822.15	-	-	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466	-	-	823.71	-	-	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23470	-	-	891.56	-	-	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	-	-	1,102.22	-	-	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
23480	-	-	603.50	-	-	Osteotomy, clavicle, with or without internal fixation;
23485	-	-	707.01	-	-	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490	-	-	643.40	-	-	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491	-	-	746.50	-	-	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
23500	158.07	158.91	-	-	-	Closed treatment of clavicular fracture; without manipulation
23505	255.42	240.65	-	-	-	Closed treatment of clavicular fracture; with manipulation
23515	-	-	530.41	-	-	Open treatment of clavicular fracture, includes internal fixation, when performed
23520	166.14	168.09	-	-	-	Closed treatment of sternoclavicular dislocation; without manipulation
23525	271.91	248.22	-	-	-	Closed treatment of sternoclavicular dislocation; with manipulation
23530	-	-	408.84	-	-	Open treatment of sternoclavicular dislocation, acute or chronic;
23532	-	-	458.22	-	-	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23540	160.77	161.05	-	-	-	Closed treatment of acromioclavicular dislocation; without manipulation
23545	235.71	214.25	-	-	-	Closed treatment of acromioclavicular dislocation; with manipulation
23550	-	-	420.52	-	-	Open treatment of acromioclavicular dislocation, acute or chronic;
23552	-	-	484.37	-	-	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23570	168.11	172.01	-	-	-	Closed treatment of scapular fracture; without manipulation
23575	289.71	271.04	-	-	-	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
23585	-	-	714.11	-	-	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed
23600	236.88	219.32	-	-	-	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23605	341.28	312.30	-	-	-	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23615	-	-	649.57	-	-	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;
23616	-	-	923.42	-	-	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement
23620	195.93	185.06	-	-	-	Closed treatment of greater humeral tuberosity fracture; without manipulation
23625	277.83	258.61	-	-	-	Closed treatment of greater humeral tuberosity fracture; with manipulation
23630	-	-	568.42	-	-	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23650	217.70	198.47	-	-	-	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	-	-	286.75	-	-	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23660	-	-	428.34	-	-	Open treatment of acute shoulder dislocation
23665	309.41	288.51	-	-	-	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23670	-	-	635.15	-	-	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
23675	401.68	366.57	-	-	-	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
23680	-	-	677.48	-	-	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed
23700	-	-	142.91	-	-	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
23800	-	-	755.27	-	-	Arthrodesis, glenohumeral joint;
23802	-	-	933.18	-	-	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23900	-	-	994.40	-	-	Interthoracoscapular amputation (forequarter)
23920	-	-	810.80	-	-	Disarticulation of shoulder;
23921	-	-	323.32	-	-	Disarticulation of shoulder; secondary closure or scar revision
23929	-	-	I.C.	-	-	Unlisted procedure, shoulder
23930	267.32	158.92	-	-	-	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	214.70	117.72	-	-	-	Incision and drainage, upper arm or elbow area; bursa
23935	-	-	370.81	-	-	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000	-	-	350.54	-	-	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006	-	-	523.64	-	-	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24065	194.69	125.86	-	-	-	Biopsy, soft tissue of upper arm or elbow area; superficial
24066	452.15	298.04	-	-	-	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24071	-	-	306.88	-	-	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24073	-	-	521.27	-	-	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24075	367.89	239.98	-	-	-	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm
24076	-	-	387.08	-	-	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm
24077	-	-	731.20	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area; less than 5 cm
24079	-	-	947.86	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area; 5 cm or greater
24100	-	-	303.34	-	-	Arthrotomy, elbow; with synovial biopsy only
24101	-	-	368.31	-	-	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102	-	-	451.88	-	-	Arthrotomy, elbow; with synovectomy
24105	-	-	255.60	-	-	Excision, olecranon bursa
24110	-	-	430.86	-	-	Excision or curettage of bone cyst or benign tumor, humerus;
24115	-	-	539.32	-	-	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116	-	-	633.57	-	-	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120	-	-	386.84	-	-	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
24125	-	-	452.22	-	-	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)
24126	-	-	476.00	-	-	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
24130	-	-	373.26	-	-	Excision, radial head
24134	-	-	551.96	-	-	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136	-	-	450.15	-	-	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24138	-	-	494.28	-	-	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140	-	-	523.87	-	-	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
24145	-	-	441.07	-	-	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck
24147	-	-	463.26	-	-	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
24149	-	-	861.39	-	-	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)
24150	-	-	1,070.82	-	-	Radical resection of tumor, shaft or distal humerus
24152	-	-	910.60	-	-	Radical resection of tumor, radial head or neck
24155	-	-	625.45	-	-	Resection of elbow joint (arthrectomy)
24160	-	-	446.33	-	-	Implant removal; elbow joint
24164	-	-	366.16	-	-	Implant removal; radial head
24200	151.83	101.95	-	-	-	Removal of foreign body, upper arm or elbow area; subcutaneous
24201	418.03	269.22	-	-	-	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24220	126.18	50.38	-	-	-	Injection procedure for elbow arthrography
24300	-	-	301.75	-	-	Manipulation, elbow, under anesthesia
24301	-	-	552.77	-	-	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24305	-	-	427.29	-	-	Tendon lengthening, upper arm or elbow, each tendon
24310	-	-	350.86	-	-	Tenotomy, open, elbow to shoulder, each tendon
24320	-	-	572.00	-	-	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330	-	-	527.53	-	-	Flexor-plasty, elbow (eg, Steindler type advancement);

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24331	-	-	592.94	-	-	Flexor plasty, elbow (eg, Steindler type advancement); with extensor advancement
24332	-	-	449.25	-	-	Tenolysis, triceps
24340	-	-	451.70	-	-	Tenodesis of biceps tendon at elbow (separate procedure)
24341	-	-	546.28	-	-	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	-	-	573.77	-	-	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24343	-	-	519.64	-	-	Repair lateral collateral ligament, elbow, with local tissue
24344	-	-	806.55	-	-	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24345	-	-	516.29	-	-	Repair medial collateral ligament, elbow, with local tissue
24346	-	-	807.95	-	-	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24357	-	-	329.11	-	-	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous
24358	-	-	386.13	-	-	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
24359	-	-	482.68	-	-	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment
24360	-	-	662.24	-	-	Arthroplasty, elbow; with membrane (eg, fascial)
24361	-	-	742.52	-	-	Arthroplasty, elbow; with distal humeral prosthetic replacement
24362	-	-	780.51	-	-	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363	-	-	1,100.85	-	-	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
24365	-	-	470.71	-	-	Arthroplasty, radial head;
24366	-	-	502.64	-	-	Arthroplasty, radial head; with implant

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24400	-	-	603.81	-	-	Osteotomy, humerus, with or without internal fixation
24410	-	-	772.83	-	-	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420	-	-	729.50	-	-	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430	-	-	776.59	-	-	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435	-	-	792.50	-	-	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24470	-	-	477.74	-	-	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24495	-	-	486.05	-	-	Decompression fasciotomy, forearm, with brachial artery exploration
24498	-	-	638.96	-	-	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft
24500	258.54	233.74	-	-	-	Closed treatment of humeral shaft fracture; without manipulation
24505	366.45	331.62	-	-	-	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24515	-	-	645.22	-	-	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516	-	-	634.00	-	-	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530	276.83	249.52	-	-	-	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24535	452.75	417.64	-	-	-	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24538	-	-	548.51	-	-	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24545	-	-	679.80	-	-	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension
24546	-	-	769.11	-	-	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension
24560	232.72	206.24	-	-	-	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	383.69	351.36	-	-	-	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566	-	-	526.03	-	-	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575	-	-	540.18	-	-	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed
24576	247.19	220.99	-	-	-	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577	396.97	362.69	-	-	-	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24579	-	-	614.18	-	-	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed
24582	-	-	589.69	-	-	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24586	-	-	801.31	-	-	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24587	-	-	800.72	-	-	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty
24600	261.43	237.46	-	-	-	Treatment of closed elbow dislocation; without anesthesia
24605	-	-	341.48	-	-	Treatment of closed elbow dislocation; requiring anesthesia
24615	-	-	524.79	-	-	Open treatment of acute or chronic elbow dislocation
24620	-	-	405.90	-	-	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24635	-	-	522.07	-	-	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed
24640	93.88	64.34	-	-	-	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24650	189.94	172.38	-	-	-	Closed treatment of radial head or neck fracture; without manipulation
24655	318.10	289.40	-	-	-	Closed treatment of radial head or neck fracture; with manipulation
24665	-	-	479.84	-	-	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;
24666	-	-	539.54	-	-	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
24670	211.76	189.47	-	-	-	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation
24675	334.78	305.52	-	-	-	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24685	-	-	480.64	-	-	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed
24800	-	-	598.50	-	-	Arthrodesis, elbow joint; local
24802	-	-	735.69	-	-	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)
24900	-	-	533.62	-	-	Amputation, arm through humerus; with primary closure
24920	-	-	530.93	-	-	Amputation, arm through humerus; open, circular (guillotine)
24925	-	-	414.34	-	-	Amputation, arm through humerus; secondary closure or scar revision
24930	-	-	562.08	-	-	Amputation, arm through humerus; re-amputation
24931	-	-	569.83	-	-	Amputation, arm through humerus; with implant
24935	-	-	695.92	-	-	Stump elongation, upper extremity
24940	-	-	I.C.	-	-	Cineplasty, upper extremity, complete procedure
24999	-	-	I.C.	-	-	Unlisted procedure, humerus or elbow
25000	-	-	257.47	-	-	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25001	-	-	252.13	-	-	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
25020	-	-	432.74	-	-	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
25023	-	-	818.59	-	-	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25024	-	-	571.33	-	-	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
25025	-	-	889.14	-	-	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
25028	-	-	387.54	-	-	Incision and drainage, forearm and/or wrist; deep abscess or hematoma

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25031	-	-	269.26	-	-	Incision and drainage, forearm and/or wrist; bursa
25035	-	-	456.71	-	-	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
25040	-	-	417.98	-	-	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
25065	194.28	124.61	-	-	-	Biopsy, soft tissue of forearm and/or wrist; superficial
25066	-	-	273.96	-	-	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)
25071	-	-	323.30	-	-	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater
25073	-	-	405.95	-	-	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater
25075	365.20	242.31	-	-	-	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm
25076	-	-	382.21	-	-	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm
25077	-	-	645.58	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; less than 3 cm
25078	-	-	830.68	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; 3 cm or greater
25085	-	-	339.43	-	-	Capsulotomy, wrist (eg, contracture)
25100	-	-	256.95	-	-	Arthrotomy, wrist joint; with biopsy
25101	-	-	301.07	-	-	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105	-	-	361.73	-	-	Arthrotomy, wrist joint; with synovectomy
25107	-	-	458.77	-	-	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25109	-	-	393.00	-	-	Excision of tendon, forearm and/or wrist, flexor or extensor, each
25110	-	-	261.06	-	-	Excision, lesion of tendon sheath, forearm and/or wrist
25111	-	-	236.92	-	-	Excision of ganglion, wrist (dorsal or volar); primary
25112	-	-	285.50	-	-	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	-	-	583.85	-	-	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25116	-	-	468.20	-	-	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum
25118	-	-	285.07	-	-	Synovectomy, extensor tendon sheath, wrist, single compartment;
25119	-	-	372.73	-	-	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120	-	-	393.04	-	-	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
25125	-	-	461.93	-	-	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)
25126	-	-	463.53	-	-	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
25130	-	-	334.82	-	-	Excision or curettage of bone cyst or benign tumor of carpal bones;
25135	-	-	414.49	-	-	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
25136	-	-	365.56	-	-	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25145	-	-	404.96	-	-	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25150	-	-	423.43	-	-	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151	-	-	455.76	-	-	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius
25170	-	-	1,031.84	-	-	Radical resection of tumor, radius or ulna
25210	-	-	364.62	-	-	Carpectomy; 1 bone
25215	-	-	462.92	-	-	Carpectomy; all bones of proximal row
25230	-	-	321.95	-	-	Radial styloidectomy (separate procedure)
25240	-	-	322.91	-	-	Excision distal ulna partial or complete (eg, Darrach type or matched resection)
25246	127.71	54.97	-	-	-	Injection procedure for wrist arthrography
25248	-	-	317.14	-	-	Exploration with removal of deep foreign body, forearm or wrist
25250	-	-	388.97	-	-	Removal of wrist prosthesis; (separate procedure)
25251	-	-	529.00	-	-	Removal of wrist prosthesis; complicated, including total wrist
25259	-	-	303.70	-	-	Manipulation, wrist, under anesthesia
25260	-	-	489.84	-	-	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	-	-	486.96	-	-	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25265	-	-	576.09	-	-	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270	-	-	388.49	-	-	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272	-	-	435.02	-	-	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25274	-	-	518.11	-	-	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25275	-	-	497.42	-	-	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)
25280	-	-	441.42	-	-	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	-	-	362.50	-	-	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	-	-	411.65	-	-	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	-	-	506.86	-	-	Tenodesis at wrist; flexors of fingers
25301	-	-	478.07	-	-	Tenodesis at wrist; extensors of fingers
25310	-	-	481.07	-	-	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312	-	-	555.49	-	-	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315	-	-	594.21	-	-	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316	-	-	677.92	-	-	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer
25320	-	-	728.94	-	-	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25332	-	-	622.75	-	-	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335	-	-	620.45	-	-	Centralization of wrist on ulna (eg, radial club hand)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25337	-	-	660.33	-	-	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint
25350	-	-	523.52	-	-	Osteotomy, radius; distal third
25355	-	-	590.30	-	-	Osteotomy, radius; middle or proximal third
25360	-	-	508.82	-	-	Osteotomy; ulna
25365	-	-	696.38	-	-	Osteotomy; radius AND ulna
25370	-	-	763.44	-	-	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375	-	-	696.78	-	-	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390	-	-	593.97	-	-	Osteoplasty, radius OR ulna; shortening
25391	-	-	758.41	-	-	Osteoplasty, radius OR ulna; lengthening with autograft
25392	-	-	772.27	-	-	Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393	-	-	879.35	-	-	Osteoplasty, radius AND ulna; lengthening with autograft
25394	-	-	575.38	-	-	Osteoplasty, carpal bone, shortening
25400	-	-	620.17	-	-	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	-	-	790.87	-	-	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
25415	-	-	750.05	-	-	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	-	-	888.64	-	-	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25425	-	-	755.45	-	-	Repair of defect with autograft; radius OR ulna
25426	-	-	824.11	-	-	Repair of defect with autograft; radius AND ulna

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25430	-	-	521.11	-	-	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
25431	-	-	577.09	-	-	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone
25440	-	-	569.15	-	-	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441	-	-	689.21	-	-	Arthroplasty with prosthetic replacement; distal radius
25442	-	-	586.44	-	-	Arthroplasty with prosthetic replacement; distal ulna
25443	-	-	575.89	-	-	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444	-	-	594.50	-	-	Arthroplasty with prosthetic replacement; lunate
25445	-	-	531.39	-	-	Arthroplasty with prosthetic replacement; trapezium
25446	-	-	864.69	-	-	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447	-	-	607.78	-	-	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449	-	-	768.53	-	-	Revision of arthroplasty, including removal of implant, wrist joint
25450	-	-	413.87	-	-	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455	-	-	462.82	-	-	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25490	-	-	523.72	-	-	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
25491	-	-	570.98	-	-	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna
25492	-	-	689.03	-	-	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna
25500	194.73	177.17	-	-	-	Closed treatment of radial shaft fracture; without manipulation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25505	366.98	336.05	-	-	-	Closed treatment of radial shaft fracture; with manipulation
25515	-	-	491.41	-	-	Open treatment of radial shaft fracture, includes internal fixation, when performed
25520	408.73	386.99	-	-	-	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25525	-	-	582.71	-	-	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed
25526	-	-	716.21	-	-	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex
25530	190.01	170.50	-	-	-	Closed treatment of ulnar shaft fracture; without manipulation
25535	356.81	330.89	-	-	-	Closed treatment of ulnar shaft fracture; with manipulation
25545	-	-	459.55	-	-	Open treatment of ulnar shaft fracture, includes internal fixation, when performed
25560	197.83	176.93	-	-	-	Closed treatment of radial and ulnar shaft fractures; without manipulation
25565	382.42	346.47	-	-	-	Closed treatment of radial and ulnar shaft fractures; with manipulation
25574	-	-	492.53	-	-	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna
25575	-	-	660.48	-	-	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25600	212.92	192.30	-	-	-	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation
25605	454.84	428.09	-	-	-	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation
25606	-	-	491.54	-	-	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
25607	-	-	536.28	-	-	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	-	-	601.15	-	-	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	-	-	765.21	-	-	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25622	220.69	198.95	-	-	-	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25624	338.54	306.77	-	-	-	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25628	-	-	529.94	-	-	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
25630	222.50	201.60	-	-	-	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone
25635	328.07	294.35	-	-	-	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone
25645	-	-	417.80	-	-	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone
25650	233.10	215.54	-	-	-	Closed treatment of ulnar styloid fracture

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25651	-	-	355.49	-	-	Percutaneous skeletal fixation of ulnar styloid fracture
25652	-	-	457.82	-	-	Open treatment of ulnar styloid fracture
25660	-	-	295.23	-	-	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation
25670	-	-	445.72	-	-	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones
25671	-	-	389.18	-	-	Percutaneous skeletal fixation of distal radioulnar dislocation
25675	315.63	288.04	-	-	-	Closed treatment of distal radioulnar dislocation with manipulation
25676	-	-	465.24	-	-	Open treatment of distal radioulnar dislocation, acute or chronic
25680	-	-	336.91	-	-	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685	-	-	538.79	-	-	Open treatment of trans-scaphoperilunar type of fracture dislocation
25690	-	-	348.24	-	-	Closed treatment of lunate dislocation, with manipulation
25695	-	-	465.54	-	-	Open treatment of lunate dislocation
25800	-	-	543.98	-	-	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
25805	-	-	627.23	-	-	Arthrodesis, wrist; with sliding graft
25810	-	-	641.77	-	-	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25820	-	-	454.44	-	-	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
25825	-	-	560.15	-	-	Arthrodesis, wrist; with autograft (includes obtaining graft)
25830	-	-	710.06	-	-	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
25900	-	-	542.78	-	-	Amputation, forearm, through radius and ulna;
25905	-	-	533.56	-	-	Amputation, forearm, through radius and ulna; open, circular (guillotine)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25907	-	-	468.56	-	-	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25909	-	-	522.79	-	-	Amputation, forearm, through radius and ulna; re-amputation
25915	-	-	831.26	-	-	Krukenberg procedure
25920	-	-	510.72	-	-	Disarticulation through wrist;
25922	-	-	384.81	-	-	Disarticulation through wrist; secondary closure or scar revision
25924	-	-	470.66	-	-	Disarticulation through wrist; re-amputation
25927	-	-	594.75	-	-	Transmetacarpal amputation;
25929	-	-	434.91	-	-	Transmetacarpal amputation; secondary closure or scar revision
25931	-	-	516.76	-	-	Transmetacarpal amputation; re-amputation
25999	-	-	I.C.	-	-	Unlisted procedure, forearm or wrist
26010	195.09	100.06	-	-	-	Drainage of finger abscess; simple
26011	296.37	136.41	-	-	-	Drainage of finger abscess; complicated (eg, felon)
26020	-	-	319.66	-	-	Drainage of tendon sheath, digit and/or palm, each
26025	-	-	309.54	-	-	Drainage of palmar bursa; single, bursa
26030	-	-	362.84	-	-	Drainage of palmar bursa; multiple bursa
26034	-	-	395.16	-	-	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
26035	-	-	620.85	-	-	Decompression fingers and/or hand, injection injury (eg, grease gun)
26037	-	-	420.32	-	-	Decompressive fasciotomy, hand (excludes 26035)
26040	-	-	229.57	-	-	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045	-	-	343.93	-	-	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	431.77	226.94	-	-	-	Tendon sheath incision (eg, for trigger finger)
26060	-	-	197.49	-	-	Tenotomy, percutaneous, single, each digit
26070	-	-	224.38	-	-	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26075	-	-	236.09	-	-	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	-	-	286.24	-	-	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26100	-	-	242.65	-	-	Arthrotomy with biopsy; carpometacarpal joint, each
26105	-	-	246.22	-	-	Arthrotomy with biopsy; metacarpophalangeal joint, each
26110	-	-	236.48	-	-	Arthrotomy with biopsy; interphalangeal joint, each
26111	-	-	318.42	-	-	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
26113	-	-	417.58	-	-	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater
26115	426.14	255.59	-	-	-	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm
26116	-	-	387.70	-	-	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm
26117	-	-	537.26	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; less than 3 cm
26118	-	-	809.23	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; 3 cm or greater
26121	-	-	440.73	-	-	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	-	-	612.17	-	-	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26125	-	-	203.73	-	-	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)
26130	-	-	338.60	-	-	Synovectomy, carpometacarpal joint
26135	-	-	406.52	-	-	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26140	-	-	372.45	-	-	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145	-	-	377.65	-	-	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160	435.66	244.76	-	-	-	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170	-	-	299.76	-	-	Excision of tendon, palm, flexor or extensor, single, each tendon
26180	-	-	325.65	-	-	Excision of tendon, finger, flexor or extensor, each tendon
26185	-	-	400.85	-	-	Sesamoidectomy, thumb or finger (separate procedure)
26200	-	-	332.25	-	-	Excision or curettage of bone cyst or benign tumor of metacarpal;
26205	-	-	443.42	-	-	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
26210	-	-	326.12	-	-	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;
26215	-	-	412.22	-	-	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)
26230	-	-	368.44	-	-	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26235	-	-	364.78	-	-	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
26236	-	-	325.33	-	-	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
26250	-	-	719.88	-	-	Radical resection of tumor, metacarpal
26260	-	-	568.48	-	-	Radical resection of tumor, proximal or middle phalanx of finger
26262	-	-	438.57	-	-	Radical resection of tumor, distal phalanx of finger
26320	-	-	256.20	-	-	Removal of implant from finger or hand
26340	-	-	246.01	-	-	Manipulation, finger joint, under anesthesia, each joint
26341	73.39	54.68	-	-	-	Manipulation, palmar fascial cord (ie Dupuytren's cord), post enzyme injection (eg, collagenase), single cord
26350	-	-	536.88	-	-	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26352	-	-	607.97	-	-	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon
26356	-	-	813.21	-	-	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon
26357	-	-	647.49	-	-	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon
26358	-	-	691.39	-	-	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26370	-	-	574.56	-	-	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372	-	-	661.84	-	-	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon
26373	-	-	633.48	-	-	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon
26390	-	-	616.92	-	-	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26392	-	-	722.23	-	-	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
26410	-	-	426.98	-	-	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412	-	-	514.15	-	-	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26415	-	-	517.79	-	-	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26416	-	-	619.88	-	-	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod
26418	-	-	435.23	-	-	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420	-	-	531.12	-	-	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426	-	-	400.39	-	-	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26428	-	-	562.78	-	-	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
26432	-	-	375.06	-	-	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)
26433	-	-	399.74	-	-	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
26434	-	-	479.65	-	-	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)
26437	-	-	465.33	-	-	Realignment of extensor tendon, hand, each tendon
26440	-	-	470.42	-	-	Tenolysis, flexor tendon; palm OR finger, each tendon
26442	-	-	717.47	-	-	Tenolysis, flexor tendon; palm AND finger, each tendon
26445	-	-	439.30	-	-	Tenolysis, extensor tendon, hand OR finger, each tendon
26449	-	-	546.63	-	-	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450	-	-	302.20	-	-	Tenotomy, flexor, palm, open, each tendon
26455	-	-	301.10	-	-	Tenotomy, flexor, finger, open, each tendon
26460	-	-	293.68	-	-	Tenotomy, extensor, hand or finger, open, each tendon
26471	-	-	459.81	-	-	Tenodesis; of proximal interphalangeal joint, each joint
26474	-	-	448.85	-	-	Tenodesis; of distal joint, each joint
26476	-	-	439.52	-	-	Lengthening of tendon, extensor, hand or finger, each tendon
26477	-	-	436.38	-	-	Shortening of tendon, extensor, hand or finger, each tendon
26478	-	-	467.35	-	-	Lengthening of tendon, flexor, hand or finger, each tendon
26479	-	-	465.42	-	-	Shortening of tendon, flexor, hand or finger, each tendon
26480	-	-	565.93	-	-	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26483	-	-	631.75	-	-	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485	-	-	606.79	-	-	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489	-	-	674.32	-	-	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26490	-	-	589.50	-	-	Opponensplasty; superficialis tendon transfer type, each tendon
26492	-	-	651.27	-	-	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
26494	-	-	591.51	-	-	Opponensplasty; hypothenar muscle transfer
26496	-	-	635.72	-	-	Opponensplasty; other methods
26497	-	-	639.67	-	-	Transfer of tendon to restore intrinsic function; ring and small finger
26498	-	-	843.11	-	-	Transfer of tendon to restore intrinsic function; all 4 fingers
26499	-	-	613.04	-	-	Correction claw finger, other methods
26500	-	-	469.08	-	-	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	-	-	531.71	-	-	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26508	-	-	471.50	-	-	Release of thenar muscle(s) (eg, thumb contracture)
26510	-	-	446.88	-	-	Cross intrinsic transfer, each tendon
26516	-	-	521.85	-	-	Capsulodesis, metacarpophalangeal joint; single digit
26517	-	-	611.51	-	-	Capsulodesis, metacarpophalangeal joint; 2 digits
26518	-	-	622.06	-	-	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits
26520	-	-	493.24	-	-	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	-	-	493.79	-	-	Capsulectomy or capsulotomy; interphalangeal joint, each joint

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26530	-	-	395.08	-	-	Arthroplasty, metacarpophalangeal joint; each joint
26531	-	-	459.70	-	-	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
26535	-	-	300.45	-	-	Arthroplasty, interphalangeal joint; each joint
26536	-	-	518.88	-	-	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540	-	-	492.35	-	-	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	-	-	593.94	-	-	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	-	-	508.80	-	-	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)
26545	-	-	519.74	-	-	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26546	-	-	732.84	-	-	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)
26548	-	-	568.70	-	-	Repair and reconstruction, finger, volar plate, interphalangeal joint
26550	-	-	1,151.30	-	-	Pollicization of a digit
26551	-	-	2,207.34	-	-	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft
26553	-	-	2,208.73	-	-	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single
26554	-	-	2,404.88	-	-	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
26555	-	-	1,011.94	-	-	Transfer, finger to another position without microvascular anastomosis
26556	-	-	2,095.99	-	-	Transfer, free toe joint, with microvascular anastomosis
26560	-	-	436.11	-	-	Repair of syndactyly (web finger) each web space; with skin flaps

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26561	-	-	698.46	-	-	Repair of syndactyly (web finger) each web space; with skin flaps and grafts
26562	-	-	944.58	-	-	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)
26565	-	-	505.97	-	-	Osteotomy; metacarpal, each
26567	-	-	507.36	-	-	Osteotomy; phalanx of finger, each
26568	-	-	668.04	-	-	Osteoplasty, lengthening, metacarpal or phalanx
26580	-	-	990.99	-	-	Repair cleft hand
26587	-	-	755.91	-	-	Reconstruction of polydactylous digit, soft tissue and bone
26590	-	-	920.09	-	-	Repair macrodactylia, each digit
26591	-	-	331.11	-	-	Repair, intrinsic muscles of hand, each muscle
26593	-	-	448.83	-	-	Release, intrinsic muscles of hand, each muscle
26596	-	-	550.17	-	-	Excision of constricting ring of finger, with multiple Z-plasties
26600	210.89	196.12	-	-	-	Closed treatment of metacarpal fracture, single; without manipulation, each bone
26605	235.04	213.02	-	-	-	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26607	-	-	329.24	-	-	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
26608	-	-	352.40	-	-	Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	-	-	417.98	-	-	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26641	261.85	238.72	-	-	-	Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26645	307.47	281.27	-	-	-	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26650	-	-	353.78	-	-	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26665	-	-	458.25	-	-	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
26670	238.89	215.20	-	-	-	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26675	327.36	300.05	-	-	-	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
26676	-	-	369.54	-	-	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26685	-	-	421.78	-	-	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint
26686	-	-	457.22	-	-	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction
26700	227.65	212.32	-	-	-	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705	302.35	275.32	-	-	-	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26706	-	-	322.26	-	-	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715	-	-	415.99	-	-	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed
26720	142.91	131.20	-	-	-	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26725	247.69	221.50	-	-	-	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26727	-	-	347.40	-	-	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	-	-	433.50	-	-	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
26740	166.39	155.52	-	-	-	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
26742	268.49	242.29	-	-	-	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746	-	-	535.22	-	-	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
26750	132.17	130.50	-	-	-	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26755	227.90	197.24	-	-	-	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26756	-	-	308.77	-	-	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765	-	-	361.57	-	-	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
26770	194.38	178.50	-	-	-	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26775	278.85	249.87	-	-	-	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26776	-	-	326.87	-	-	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	-	-	393.41	-	-	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single
26820	-	-	583.92	-	-	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
26841	-	-	544.21	-	-	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842	-	-	586.83	-	-	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26843	-	-	546.80	-	-	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844	-	-	606.77	-	-	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
26850	-	-	517.12	-	-	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852	-	-	591.16	-	-	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860	-	-	423.23	-	-	Arthrodesis, interphalangeal joint, with or without internal fixation;
26861	-	-	76.57	-	-	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
26862	-	-	540.57	-	-	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863	-	-	170.76	-	-	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)
26910	-	-	531.81	-	-	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26951	-	-	479.72	-	-	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	-	-	484.14	-	-	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26989	-	-	I.C.	-	-	Unlisted procedure, hands or fingers
26990	-	-	458.30	-	-	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
26991	525.76	384.47	-	-	-	Incision and drainage, pelvis or hip joint area; infected bursa
26992	-	-	706.82	-	-	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27000	-	-	324.21	-	-	Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	-	-	397.46	-	-	Tenotomy, adductor of hip, open
27003	-	-	435.22	-	-	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005	-	-	534.68	-	-	Tenotomy, hip flexor(s), open (separate procedure)
27006	-	-	542.43	-	-	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025	-	-	666.72	-	-	Fasciotomy, hip or thigh, any type
27027	-	-	620.99	-	-	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral
27030	-	-	688.92	-	-	Arthrotomy, hip, with drainage (eg, infection)
27033	-	-	717.42	-	-	Arthrotomy, hip, including exploration or removal of loose or foreign body
27035	-	-	837.36	-	-	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27036	-	-	740.31	-	-	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27040	257.65	147.29	-	-	-	Biopsy, soft tissue of pelvis and hip area; superficial
27041	-	-	496.76	-	-	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
27043	-	-	351.13	-	-	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
27045	-	-	556.23	-	-	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater
27047	365.87	283.38	-	-	-	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
27048	-	-	433.35	-	-	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm
27049	-	-	953.53	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area; less than 5 cm
27050	-	-	278.83	-	-	Arthrotomy, with biopsy; sacroiliac joint
27052	-	-	418.91	-	-	Arthrotomy, with biopsy; hip joint
27054	-	-	502.82	-	-	Arthrotomy with synovectomy, hip joint
27057	-	-	697.47	-	-	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral
27059	-	-	1,351.74	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area; 5 cm or greater
27060	-	-	331.25	-	-	Excision; ischial bursa
27062	-	-	334.85	-	-	Excision; trochanteric bursa or calcification
27065	-	-	371.48	-	-	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed
27066	-	-	596.67	-	-	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27067	-	-	761.63	-	-	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision
27070	-	-	627.02	-	-	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial
27071	-	-	671.44	-	-	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075	-	-	1,538.37	-	-	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis
27076	-	-	1,745.57	-	-	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077	-	-	2,056.69	-	-	Radical resection of tumor; innominate bone, total
27078	-	-	1,393.72	-	-	Radical resection of tumor; ischial tuberosity and greater trochanter of femur
27080	-	-	370.32	-	-	Coccygectomy, primary
27086	187.10	109.07	-	-	-	Removal of foreign body, pelvis or hip; subcutaneous tissue
27087	-	-	462.60	-	-	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27090	-	-	611.03	-	-	Removal of hip prosthesis; (separate procedure)
27091	-	-	1,174.65	-	-	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27093	149.16	51.62	-	-	-	Injection procedure for hip arthrography; without anesthesia
27095	182.89	59.99	-	-	-	Injection procedure for hip arthrography; with anesthesia
27096	145.08	51.72	-	-	-	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid
27097	-	-	495.26	-	-	Release or recession, hamstring, proximal
27098	-	-	488.48	-	-	Transfer, adductor to ischium

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27100	-	-	606.43	-	-	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105	-	-	637.06	-	-	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110	-	-	708.36	-	-	Transfer iliopsoas; to greater trochanter of femur
27111	-	-	644.29	-	-	Transfer iliopsoas; to femoral neck
27120	-	-	951.86	-	-	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122	-	-	811.96	-	-	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125	-	-	832.51	-	-	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130	-	-	1,061.44	-	-	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	-	-	1,237.82	-	-	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	-	-	1,419.66	-	-	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	-	-	1,089.40	-	-	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	-	-	1,133.10	-	-	Revision of total hip arthroplasty; femoral component only, with or without allograft
27140	-	-	659.51	-	-	Osteotomy and transfer of greater trochanter of femur (separate procedure)
27146	-	-	938.86	-	-	Osteotomy, iliac, acetabular or innominate bone;
27147	-	-	1,081.40	-	-	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
27151	-	-	1,143.82	-	-	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27156	-	-	1,259.44	-	-	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
27158	-	-	1,023.41	-	-	Osteotomy, pelvis, bilateral (eg, congenital malformation)
27161	-	-	895.74	-	-	Osteotomy, femoral neck (separate procedure)
27165	-	-	1,010.65	-	-	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170	-	-	867.59	-	-	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
27175	-	-	489.56	-	-	Treatment of slipped femoral epiphysis; by traction, without reduction
27176	-	-	673.67	-	-	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
27177	-	-	819.39	-	-	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27178	-	-	671.17	-	-	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
27179	-	-	717.38	-	-	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
27181	-	-	822.68	-	-	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
27185	-	-	446.27	-	-	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27187	-	-	731.01	-	-	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
27193	344.65	348.83	-	-	-	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation
27194	-	-	510.08	-	-	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27200	130.15	134.33	-	-	-	Closed treatment of coccygeal fracture
27202	-	-	447.83	-	-	Open treatment of coccygeal fracture
27215	-	-	471.90	-	-	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed
27216	-	-	696.04	-	-	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)
27217	-	-	657.82	-	-	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)
27218	-	-	897.06	-	-	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)
27220	388.10	384.76	-	-	-	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27222	-	-	718.17	-	-	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
27226	-	-	770.58	-	-	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
27227	-	-	1,227.05	-	-	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27228	-	-	1,399.19	-	-	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation
27230	347.35	343.73	-	-	-	Closed treatment of femoral fracture, proximal end, neck; without manipulation
27232	-	-	561.14	-	-	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction
27235	-	-	670.87	-	-	Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27236	-	-	879.30	-	-	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27238	-	-	335.68	-	-	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation
27240	-	-	702.09	-	-	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction
27244	-	-	904.42	-	-	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
27245	-	-	915.29	-	-	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage
27246	282.12	282.96	-	-	-	Closed treatment of greater trochanteric fracture, without manipulation
27248	-	-	550.18	-	-	Open treatment of greater trochanteric fracture, includes internal fixation, when performed
27250	-	-	147.52	-	-	Closed treatment of hip dislocation, traumatic; without anesthesia
27252	-	-	554.10	-	-	Closed treatment of hip dislocation, traumatic; requiring anesthesia

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27253	-	-	694.20	-	-	Open treatment of hip dislocation, traumatic, without internal fixation
27254	-	-	932.19	-	-	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
27256	212.81	169.05	-	-	-	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
27257	-	-	242.86	-	-	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
27258	-	-	816.27	-	-	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);
27259	-	-	1,141.78	-	-	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening
27265	-	-	287.31	-	-	Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266	-	-	427.16	-	-	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27267	-	-	313.28	-	-	Closed treatment of femoral fracture, proximal end, head; without manipulation
27268	-	-	386.39	-	-	Closed treatment of femoral fracture, proximal end, head; with manipulation
27269	-	-	897.54	-	-	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed
27275	-	-	131.38	-	-	Manipulation, hip joint, requiring general anesthesia
27280	-	-	756.80	-	-	Arthrodesis, sacroiliac joint (including obtaining graft)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27282	-	-	611.10	-	-	Arthrodesis, symphysis pubis (including obtaining graft)
27284	-	-	1,160.90	-	-	Arthrodesis, hip joint (including obtaining graft);
27286	-	-	1,220.78	-	-	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
27290	-	-	1,176.52	-	-	Interpelviabdominal amputation (hindquarter amputation)
27295	-	-	930.28	-	-	Disarticulation of hip
27299	-	-	I.C.	-	-	Unlisted procedure, pelvis or hip joint
27301	496.87	366.45	-	-	-	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27303	-	-	470.11	-	-	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27305	-	-	348.59	-	-	Fasciotomy, iliotibial (tenotomy), open
27306	-	-	276.88	-	-	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
27307	-	-	348.38	-	-	Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27310	-	-	536.70	-	-	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27323	205.01	133.39	-	-	-	Biopsy, soft tissue of thigh or knee area; superficial
27324	-	-	286.36	-	-	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27325	-	-	399.84	-	-	Neurectomy, hamstring muscle
27326	-	-	368.80	-	-	Neurectomy, popliteal (gastrocnemius)
27327	331.39	234.69	-	-	-	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
27328	-	-	428.33	-	-	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm
27329	-	-	761.57	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area; less than 5 cm
27330	-	-	299.58	-	-	Arthrotomy, knee; with synovial biopsy only

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27331	-	-	349.55	-	-	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	-	-	471.11	-	-	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333	-	-	429.86	-	-	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334	-	-	501.77	-	-	Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	-	-	562.08	-	-	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27337	-	-	315.40	-	-	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
27339	-	-	564.59	-	-	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
27340	-	-	272.57	-	-	Excision, prepatellar bursa
27345	-	-	354.13	-	-	Excision of synovial cyst of popliteal space (eg, Baker's cyst)
27347	-	-	385.78	-	-	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
27350	-	-	479.48	-	-	Patellectomy or hemipatellectomy
27355	-	-	443.63	-	-	Excision or curettage of bone cyst or benign tumor of femur;
27356	-	-	541.57	-	-	Excision or curettage of bone cyst or benign tumor of femur; with allograft
27357	-	-	598.76	-	-	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27358	-	-	207.15	-	-	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
27360	-	-	626.92	-	-	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27364	-	-	1,165.02	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area; 5 cm or greater

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27365	-	-	1,419.17	-	-	Radical resection of tumor, femur or knee
27370	132.47	38.56	-	-	-	Injection procedure for knee arthrography
27372	453.41	298.74	-	-	-	Removal of foreign body, deep, thigh region or knee area
27380	-	-	437.47	-	-	Suture of infrapatellar tendon; primary
27381	-	-	588.71	-	-	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385	-	-	466.82	-	-	Suture of quadriceps or hamstring muscle rupture; primary
27386	-	-	612.62	-	-	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27390	-	-	327.94	-	-	Tenotomy, open, hamstring, knee to hip; single tendon
27391	-	-	423.02	-	-	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg
27392	-	-	520.04	-	-	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393	-	-	372.36	-	-	Lengthening of hamstring tendon; single tendon
27394	-	-	477.79	-	-	Lengthening of hamstring tendon; multiple tendons, 1 leg
27395	-	-	646.63	-	-	Lengthening of hamstring tendon; multiple tendons, bilateral
27396	-	-	453.11	-	-	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon
27397	-	-	671.47	-	-	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons
27400	-	-	509.34	-	-	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
27403	-	-	471.45	-	-	Arthrotomy with meniscus repair, knee
27405	-	-	498.37	-	-	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	-	-	574.54	-	-	Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	-	-	710.07	-	-	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27412	-	-	1,213.07	-	-	Autologous chondrocyte implantation, knee
27415	-	-	1,008.10	-	-	Osteochondral allograft, knee, open
27416	-	-	714.92	-	-	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
27418	-	-	612.76	-	-	Anterior tibial tubercleplasty (eg, Maquet type procedure)
27420	-	-	549.31	-	-	Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422	-	-	547.08	-	-	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424	-	-	547.71	-	-	Reconstruction of dislocating patella; with patellectomy
27425	-	-	329.02	-	-	Lateral retinacular release, open
27427	-	-	528.09	-	-	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	-	-	818.11	-	-	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	-	-	914.67	-	-	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27430	-	-	544.47	-	-	Quadricepsplasty (eg, Bennett or Thompson type)
27435	-	-	591.90	-	-	Capsulotomy, posterior capsular release, knee
27437	-	-	486.38	-	-	Arthroplasty, patella; without prosthesis
27438	-	-	618.01	-	-	Arthroplasty, patella; with prosthesis
27440	-	-	575.52	-	-	Arthroplasty, knee, tibial plateau;
27441	-	-	593.75	-	-	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	-	-	638.82	-	-	Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	-	-	600.73	-	-	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445	-	-	924.02	-	-	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27446	-	-	816.66	-	-	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	-	-	1,134.85	-	-	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27448	-	-	602.44	-	-	Osteotomy, femur, shaft or supracondylar; without fixation
27450	-	-	747.91	-	-	Osteotomy, femur, shaft or supracondylar; with fixation
27454	-	-	950.39	-	-	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)
27455	-	-	693.70	-	-	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure
27457	-	-	710.38	-	-	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure
27465	-	-	914.03	-	-	Osteoplasty, femur; shortening (excluding 64876)
27466	-	-	868.16	-	-	Osteoplasty, femur; lengthening
27468	-	-	985.08	-	-	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer
27470	-	-	869.23	-	-	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
27472	-	-	933.84	-	-	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)
27475	-	-	449.04	-	-	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
27477	-	-	538.97	-	-	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
27479	-	-	647.67	-	-	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27485	-	-	493.91	-	-	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27486	-	-	1,038.45	-	-	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	-	-	1,300.23	-	-	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488	-	-	884.91	-	-	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27495	-	-	832.32	-	-	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur
27496	-	-	387.17	-	-	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);
27497	-	-	414.67	-	-	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
27498	-	-	459.41	-	-	Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499	-	-	499.31	-	-	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
27500	379.37	350.11	-	-	-	Closed treatment of femoral shaft fracture, without manipulation
27501	370.27	365.81	-	-	-	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27502	-	-	573.88	-	-	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27503	-	-	590.84	-	-	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27506	-	-	985.14	-	-	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws
27507	-	-	719.50	-	-	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27508	384.66	360.97	-	-	-	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27509	-	-	477.02	-	-	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation
27510	-	-	509.20	-	-	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27511	-	-	743.38	-	-	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed
27513	-	-	927.06	-	-	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed
27514	-	-	730.67	-	-	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed
27516	369.43	346.30	-	-	-	Closed treatment of distal femoral epiphyseal separation; without manipulation
27517	-	-	503.52	-	-	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction
27519	-	-	669.21	-	-	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed
27520	235.84	213.26	-	-	-	Closed treatment of patellar fracture, without manipulation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27524	-	-	554.76	-	-	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
27530	291.81	270.63	-	-	-	Closed treatment of tibial fracture, proximal (plateau); without manipulation
27532	452.90	425.03	-	-	-	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27535	-	-	667.88	-	-	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed
27536	-	-	877.41	-	-	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation
27538	346.65	323.52	-	-	-	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27540	-	-	603.36	-	-	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed
27550	362.99	335.68	-	-	-	Closed treatment of knee dislocation; without anesthesia
27552	-	-	459.97	-	-	Closed treatment of knee dislocation; requiring anesthesia
27556	-	-	658.24	-	-	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction
27557	-	-	786.09	-	-	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair
27558	-	-	890.09	-	-	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction
27560	276.47	252.79	-	-	-	Closed treatment of patellar dislocation; without anesthesia

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27562	-	-	348.59	-	-	Closed treatment of patellar dislocation; requiring anesthesia
27566	-	-	656.33	-	-	Open treatment of patellar dislocation, with or without partial or total patellectomy
27570	-	-	110.38	-	-	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27580	-	-	1,062.49	-	-	Arthrodesis, knee, any technique
27590	-	-	605.86	-	-	Amputation, thigh, through femur, any level;
27591	-	-	667.50	-	-	Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27592	-	-	517.57	-	-	Amputation, thigh, through femur, any level; open, circular (guillotine)
27594	-	-	378.79	-	-	Amputation, thigh, through femur, any level; secondary closure or scar revision
27596	-	-	541.79	-	-	Amputation, thigh, through femur, any level; re-amputation
27598	-	-	551.07	-	-	Disarticulation at knee
27599	-	-	I.C.	-	-	Unlisted procedure, femur or knee
27600	-	-	310.77	-	-	Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601	-	-	330.49	-	-	Decompression fasciotomy, leg; posterior compartment(s) only
27602	-	-	378.41	-	-	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
27603	400.85	290.50	-	-	-	Incision and drainage, leg or ankle; deep abscess or hematoma
27604	351.57	250.68	-	-	-	Incision and drainage, leg or ankle; infected bursa
27605	265.93	139.97	-	-	-	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606	-	-	214.29	-	-	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27607	-	-	453.07	-	-	Incision (eg, osteomyelitis or bone abscess), leg or ankle

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27610	-	-	483.06	-	-	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27612	-	-	415.81	-	-	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27613	191.86	123.58	-	-	-	Biopsy, soft tissue of leg or ankle area; superficial
27614	427.57	302.16	-	-	-	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27615	-	-	744.67	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; less than 5 cm
27616	-	-	954.46	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; 5 cm or greater
27618	333.44	236.74	-	-	-	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
27619	-	-	370.73	-	-	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm
27620	-	-	340.54	-	-	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	-	-	428.30	-	-	Arthrotomy, with synovectomy, ankle;
27626	-	-	466.37	-	-	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	413.82	273.09	-	-	-	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27632	-	-	312.53	-	-	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
27634	-	-	505.12	-	-	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater
27635	-	-	438.97	-	-	Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27637	-	-	560.46	-	-	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27638	-	-	572.45	-	-	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
27640	-	-	629.09	-	-	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia
27641	-	-	501.55	-	-	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula
27645	-	-	1,223.04	-	-	Radical resection of tumor; tibia
27646	-	-	1,056.97	-	-	Radical resection of tumor; fibula
27647	-	-	792.55	-	-	Radical resection of tumor; talus or calcaneus
27648	126.90	38.28	-	-	-	Injection procedure for ankle arthrography
27650	-	-	496.15	-	-	Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652	-	-	525.81	-	-	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	-	-	527.56	-	-	Repair, secondary, Achilles tendon, with or without graft
27656	445.22	278.29	-	-	-	Repair, fascial defect of leg
27658	-	-	281.35	-	-	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	-	-	363.83	-	-	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664	-	-	271.91	-	-	Repair, extensor tendon, leg; primary, without graft, each tendon
27665	-	-	306.64	-	-	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27675	-	-	366.26	-	-	Repair, dislocating peroneal tendons; without fibular osteotomy
27676	-	-	460.18	-	-	Repair, dislocating peroneal tendons; with fibular osteotomy
27680	-	-	321.29	-	-	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681	-	-	394.54	-	-	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))
27685	485.63	347.69	-	-	-	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27686	-	-	412.98	-	-	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687	-	-	340.16	-	-	Gastrocnemius recession (eg, Strayer procedure)
27690	-	-	471.61	-	-	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691	-	-	556.84	-	-	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
27692	-	-	79.71	-	-	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)
27695	-	-	360.27	-	-	Repair, primary, disrupted ligament, ankle; collateral
27696	-	-	420.92	-	-	Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698	-	-	478.81	-	-	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27700	-	-	441.96	-	-	Arthroplasty, ankle;
27702	-	-	726.15	-	-	Arthroplasty, ankle; with implant (total ankle)
27703	-	-	839.32	-	-	Arthroplasty, ankle; revision, total ankle
27704	-	-	424.09	-	-	Removal of ankle implant
27705	-	-	564.02	-	-	Osteotomy; tibia
27707	-	-	299.58	-	-	Osteotomy; fibula
27709	-	-	855.54	-	-	Osteotomy; tibia and fibula
27712	-	-	812.95	-	-	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
27715	-	-	781.71	-	-	Osteoplasty, tibia and fibula, lengthening or shortening

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27720	-	-	647.68	-	-	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
27722	-	-	651.99	-	-	Repair of nonunion or malunion, tibia; with sliding graft
27724	-	-	938.82	-	-	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)
27725	-	-	895.36	-	-	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method
27726	-	-	701.81	-	-	Repair of fibula nonunion and/or malunion with internal fixation
27727	-	-	738.61	-	-	Repair of congenital pseudarthrosis, tibia
27730	-	-	430.24	-	-	Arrest, epiphyseal (epiphysiodesis), open; distal tibia
27732	-	-	315.20	-	-	Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27734	-	-	441.70	-	-	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740	-	-	464.93	-	-	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;
27742	-	-	520.73	-	-	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur
27745	-	-	556.17	-	-	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia
27750	252.83	230.82	-	-	-	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27752	396.01	365.36	-	-	-	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27756	-	-	422.80	-	-	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
27758	-	-	656.31	-	-	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27759	-	-	737.63	-	-	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27760	244.69	221.56	-	-	-	Closed treatment of medial malleolus fracture; without manipulation
27762	354.55	323.90	-	-	-	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27766	-	-	451.65	-	-	Open treatment of medial malleolus fracture, includes internal fixation, when performed
27767	202.75	203.87	-	-	-	Closed treatment of posterior malleolus fracture; without manipulation
27768	-	-	313.31	-	-	Closed treatment of posterior malleolus fracture; with manipulation
27769	-	-	527.55	-	-	Open treatment of posterior malleolus fracture, includes internal fixation, when performed
27780	221.84	200.38	-	-	-	Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	311.43	288.30	-	-	-	Closed treatment of proximal fibula or shaft fracture; with manipulation
27784	-	-	523.89	-	-	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
27786	231.64	207.95	-	-	-	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	311.25	284.22	-	-	-	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27792	-	-	524.39	-	-	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
27808	244.52	218.32	-	-	-	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation
27810	347.02	315.81	-	-	-	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27814	-	-	571.86	-	-	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
27816	231.46	206.66	-	-	-	Closed treatment of trimalleolar ankle fracture; without manipulation
27818	354.77	319.37	-	-	-	Closed treatment of trimalleolar ankle fracture; with manipulation
27822	-	-	627.94	-	-	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
27823	-	-	711.90	-	-	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27824	228.81	220.73	-	-	-	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27825	402.74	365.40	-	-	-	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation
27826	-	-	617.10	-	-	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only
27827	-	-	804.94	-	-	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only
27828	-	-	960.17	-	-	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27829	-	-	501.82	-	-	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed
27830	272.40	253.17	-	-	-	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831	-	-	287.97	-	-	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27832	-	-	544.16	-	-	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula
27840	-	-	261.26	-	-	Closed treatment of ankle dislocation; without anesthesia
27842	-	-	362.16	-	-	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
27846	-	-	543.02	-	-	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
27848	-	-	609.77	-	-	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
27860	-	-	129.73	-	-	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
27870	-	-	770.45	-	-	Arthrodesis, ankle, open
27871	-	-	512.38	-	-	Arthrodesis, tibiofibular joint, proximal or distal
27880	-	-	685.18	-	-	Amputation, leg, through tibia and fibula;
27881	-	-	655.76	-	-	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast
27882	-	-	461.56	-	-	Amputation, leg, through tibia and fibula; open, circular (guillotine)
27884	-	-	435.16	-	-	Amputation, leg, through tibia and fibula; secondary closure or scar revision
27886	-	-	495.65	-	-	Amputation, leg, through tibia and fibula; re-amputation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27888	-	-	512.78	-	-	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves
27889	-	-	503.14	-	-	Ankle disarticulation
27892	-	-	407.43	-	-	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
27893	-	-	433.40	-	-	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
27894	-	-	633.98	-	-	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
27899	-	-	I.C.	-	-	Unlisted procedure, leg or ankle
28001	203.38	127.58	-	-	-	Incision and drainage, bursa, foot
28002	380.30	281.37	-	-	-	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003	500.64	400.04	-	-	-	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28005	-	-	443.34	-	-	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28008	320.48	220.71	-	-	-	Fasciotomy, foot and/or toe
28010	173.60	158.00	-	-	-	Tenotomy, percutaneous, toe; single tendon
28011	245.62	221.93	-	-	-	Tenotomy, percutaneous, toe; multiple tendons
28020	392.07	267.50	-	-	-	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	355.43	242.01	-	-	-	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024	336.25	227.84	-	-	-	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28035	388.35	266.56	-	-	-	Release, tarsal tunnel (posterior tibial nerve decompression)
28039	373.63	253.80	-	-	-	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
28041	-	-	333.00	-	-	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater
28043	283.95	200.07	-	-	-	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm
28045	376.96	262.14	-	-	-	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm
28046	-	-	550.88	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot or toe; less than 3 cm
28047	-	-	684.53	-	-	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot or toe; 3 cm or greater
28050	327.81	219.68	-	-	-	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28052	318.32	209.08	-	-	-	Arthrotomy with biopsy; metatarsophalangeal joint
28054	287.90	183.67	-	-	-	Arthrotomy with biopsy; interphalangeal joint
28055	-	-	283.60	-	-	Neurectomy, intrinsic musculature of foot
28060	380.67	266.14	-	-	-	Fasciectomy, plantar fascia; partial (separate procedure)
28062	437.26	305.73	-	-	-	Fasciectomy, plantar fascia; radical (separate procedure)
28070	387.76	264.03	-	-	-	Synovectomy; intertarsal or tarsometatarsal joint, each
28072	381.39	255.98	-	-	-	Synovectomy; metatarsophalangeal joint, each
28080	380.98	269.79	-	-	-	Excision, interdigital (Morton) neuroma, single, each
28086	404.71	269.27	-	-	-	Synovectomy, tendon sheath, foot; flexor
28088	357.16	228.13	-	-	-	Synovectomy, tendon sheath, foot; extensor
28090	346.72	230.79	-	-	-	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28092	316.94	204.63	-	-	-	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each
28100	442.81	302.63	-	-	-	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102	-	-	419.85	-	-	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28103	-	-	307.29	-	-	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	378.68	258.85	-	-	-	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106	-	-	329.05	-	-	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28107	399.26	270.79	-	-	-	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28108	322.38	215.09	-	-	-	Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	341.34	216.21	-	-	-	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	380.47	250.88	-	-	-	Ostectomy, complete excision; first metatarsal head
28112	366.12	236.81	-	-	-	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	440.49	319.27	-	-	-	Ostectomy, complete excision; fifth metatarsal head
28114	790.63	620.08	-	-	-	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)
28116	554.05	423.07	-	-	-	Ostectomy, excision of tarsal coalition
28118	435.67	307.48	-	-	-	Ostectomy, calcaneus;
28119	386.31	268.99	-	-	-	Ostectomy, calcaneus; for spur, with or without plantar fascial release

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28120	522.01	387.69	-	-	-	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
28122	486.61	370.96	-	-	-	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	353.44	248.38	-	-	-	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
28126	292.00	187.50	-	-	-	Resection, partial or complete, phalangeal base, each toe
28130	-	-	512.71	-	-	Talectomy (astragalectomy)
28140	455.93	335.27	-	-	-	Metatarsectomy
28150	322.82	214.41	-	-	-	Phalangectomy, toe, each toe
28153	305.63	198.34	-	-	-	Resection, condyle(s), distal end of phalanx, each toe
28160	312.49	204.64	-	-	-	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28171	-	-	616.91	-	-	Radical resection of tumor; tarsal (except talus or calcaneus)
28173	-	-	557.20	-	-	Radical resection of tumor; metatarsal
28175	-	-	354.85	-	-	Radical resection of tumor; phalanx of toe
28190	189.47	100.02	-	-	-	Removal of foreign body, foot; subcutaneous
28192	351.08	237.38	-	-	-	Removal of foreign body, foot; deep
28193	396.49	278.61	-	-	-	Removal of foreign body, foot; complicated
28200	352.72	236.23	-	-	-	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	443.30	318.18	-	-	-	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	344.54	230.57	-	-	-	Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	424.97	305.14	-	-	-	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28220	332.45	227.11	-	-	-	Tenolysis, flexor, foot; single tendon
28222	378.90	266.31	-	-	-	Tenolysis, flexor, foot; multiple tendons
28225	294.74	190.79	-	-	-	Tenolysis, extensor, foot; single tendon
28226	351.13	235.75	-	-	-	Tenolysis, extensor, foot; multiple tendons
28230	320.11	214.22	-	-	-	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
28232	290.53	186.86	-	-	-	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	305.37	200.87	-	-	-	Tenotomy, open, extensor, foot or toe, each tendon
28238	499.57	366.09	-	-	-	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28240	327.85	220.28	-	-	-	Tenotomy, lengthening, or release, abductor hallucis muscle
28250	421.90	299.84	-	-	-	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
28260	509.68	385.11	-	-	-	Capsulotomy, midfoot; medial release only (separate procedure)
28261	709.51	570.17	-	-	-	Capsulotomy, midfoot; with tendon lengthening
28262	1,019.12	832.41	-	-	-	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)
28264	679.62	527.18	-	-	-	Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	362.42	250.95	-	-	-	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28272	292.10	191.49	-	-	-	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	388.17	267.22	-	-	-	Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	348.74	240.62	-	-	-	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	337.82	226.91	-	-	-	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28288	447.97	324.24	-	-	-	Osteectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	544.82	410.50	-	-	-	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint
28290	432.87	297.16	-	-	-	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)
28292	583.28	447.56	-	-	-	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure
28293	774.85	529.06	-	-	-	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant
28294	541.17	390.41	-	-	-	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)
28296	533.08	391.52	-	-	-	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)
28297	609.36	441.87	-	-	-	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus type procedure
28298	531.46	377.35	-	-	-	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy
28299	663.22	504.37	-	-	-	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy
28300	-	-	491.64	-	-	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
28302	-	-	513.22	-	-	Osteotomy; talus
28304	591.31	440.83	-	-	-	Osteotomy, tarsal bones, other than calcaneus or talus;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28305	-	-	490.23	-	-	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)
28306	455.74	303.31	-	-	-	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	526.89	346.03	-	-	-	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	413.44	278.84	-	-	-	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	-	-	659.24	-	-	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
28310	400.12	264.96	-	-	-	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	372.50	238.17	-	-	-	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	391.05	274.28	-	-	-	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
28315	351.95	241.59	-	-	-	Sesamoidectomy, first toe (separate procedure)
28320	-	-	457.12	-	-	Repair, nonunion or malunion; tarsal bones
28322	579.38	429.45	-	-	-	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28340	438.65	314.64	-	-	-	Reconstruction, toe, macrodactyly; soft tissue resection
28341	504.43	372.06	-	-	-	Reconstruction, toe, macrodactyly; requiring bone resection
28344	337.99	222.62	-	-	-	Reconstruction, toe(s); polydactyly
28345	403.52	285.08	-	-	-	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
28360	-	-	768.68	-	-	Reconstruction, cleft foot

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28400	183.72	167.56	-	-	-	Closed treatment of calcaneal fracture; without manipulation
28405	288.98	264.45	-	-	-	Closed treatment of calcaneal fracture; with manipulation
28406	-	-	390.59	-	-	Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28415	-	-	833.92	-	-	Open treatment of calcaneal fracture, includes internal fixation, when performed;
28420	-	-	908.98	-	-	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)
28430	172.81	152.47	-	-	-	Closed treatment of talus fracture; without manipulation
28435	252.86	228.33	-	-	-	Closed treatment of talus fracture; with manipulation
28436	-	-	327.38	-	-	Percutaneous skeletal fixation of talus fracture, with manipulation
28445	-	-	784.68	-	-	Open treatment of talus fracture, includes internal fixation, when performed
28446	-	-	890.91	-	-	Open osteochondral autograft, talus (includes obtaining graft[s])
28450	159.20	141.09	-	-	-	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455	217.01	197.50	-	-	-	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28456	-	-	227.86	-	-	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28465	-	-	452.53	-	-	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each
28470	156.97	140.53	-	-	-	Closed treatment of metatarsal fracture; without manipulation, each
28475	191.10	171.59	-	-	-	Closed treatment of metatarsal fracture; with manipulation, each
28476	-	-	258.60	-	-	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28485	-	-	395.01	-	-	Open treatment of metatarsal fracture, includes internal fixation, when performed, each
28490	105.42	90.92	-	-	-	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28495	130.77	111.82	-	-	-	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28496	329.31	173.25	-	-	-	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	496.92	366.77	-	-	-	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
28510	89.72	87.49	-	-	-	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28515	117.74	105.47	-	-	-	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28525	424.81	294.39	-	-	-	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
28530	85.48	76.84	-	-	-	Closed treatment of sesamoid fracture
28531	275.46	143.37	-	-	-	Open treatment of sesamoid fracture, with or without internal fixation
28540	149.89	136.52	-	-	-	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
28545	203.18	182.28	-	-	-	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28546	399.58	241.02	-	-	-	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28555	649.11	491.38	-	-	-	Open treatment of tarsal bone dislocation, includes internal fixation, when performed
28570	123.98	107.81	-	-	-	Closed treatment of talotarsal joint dislocation; without anesthesia
28575	259.82	237.25	-	-	-	Closed treatment of talotarsal joint dislocation; requiring anesthesia

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28576	-	-	279.34	-	-	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28585	680.67	537.15	-	-	-	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed
28600	161.56	140.66	-	-	-	Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	208.80	190.96	-	-	-	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606	-	-	289.82	-	-	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28615	-	-	584.41	-	-	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed
28630	111.84	80.07	-	-	-	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28635	132.06	100.57	-	-	-	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28636	204.42	137.82	-	-	-	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28645	472.50	351.83	-	-	-	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
28660	82.07	63.67	-	-	-	Closed treatment of interphalangeal joint dislocation; without anesthesia
28665	114.56	99.23	-	-	-	Closed treatment of interphalangeal joint dislocation; requiring anesthesia
28666	-	-	151.21	-	-	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	434.47	302.66	-	-	-	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed
28705	-	-	957.51	-	-	Arthrodesis; pantalar
28715	-	-	719.28	-	-	Arthrodesis; triple
28725	-	-	586.33	-	-	Arthrodesis; subtalar
28730	-	-	624.65	-	-	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28735	-	-	588.48	-	-	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737	-	-	506.43	-	-	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)
28740	637.44	468.29	-	-	-	Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	621.59	448.53	-	-	-	Arthrodesis, great toe; metatarsophalangeal joint
28755	375.80	246.77	-	-	-	Arthrodesis, great toe; interphalangeal joint
28760	587.11	432.73	-	-	-	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)
28800	-	-	417.35	-	-	Amputation, foot; midtarsal (eg, Chopart type procedure)
28805	-	-	557.15	-	-	Amputation, foot; transmetatarsal
28810	-	-	328.62	-	-	Amputation, metatarsal, with toe, single
28820	397.07	259.41	-	-	-	Amputation, toe; metatarsophalangeal joint
28825	435.83	302.90	-	-	-	Amputation, toe; interphalangeal joint
28890	258.33	169.15	-	-	-	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
28899	-	-	I.C.	-	-	Unlisted procedure, foot or toes
29000	223.34	126.36	-	-	-	Application of halo type body cast (see 20661-20663 for insertion)
29010	214.26	121.18	-	-	-	Application of Risser jacket, localizer, body; only
29015	177.13	117.21	-	-	-	Application of Risser jacket, localizer, body; including head
29020	161.53	96.60	-	-	-	Application of turnbuckle jacket, body; only
29025	186.82	124.11	-	-	-	Application of turnbuckle jacket, body; including head
29035	187.37	105.71	-	-	-	Application of body cast, shoulder to hips;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29040	176.61	114.19	-	-	-	Application of body cast, shoulder to hips; including head, Minerva type
29044	205.77	122.73	-	-	-	Application of body cast, shoulder to hips; including 1 thigh
29046	201.27	129.65	-	-	-	Application of body cast, shoulder to hips; including both thighs
29049	68.91	48.57	-	-	-	Application, cast; figure-of-eight
29055	160.48	101.13	-	-	-	Application, cast; shoulder spica
29058	74.43	58.27	-	-	-	Application, cast; plaster Velpeau
29065	70.28	50.22	-	-	-	Application, cast; shoulder to hand (long arm)
29075	65.82	45.76	-	-	-	Application, cast; elbow to finger (short arm)
29085	69.64	49.01	-	-	-	Application, cast; hand and lower forearm (gauntlet)
29086	55.78	37.11	-	-	-	Application, cast; finger (eg, contracture)
29105	63.50	43.16	-	-	-	Application of long arm splint (shoulder to hand)
29125	51.25	31.74	-	-	-	Application of short arm splint (forearm to hand); static
29126	58.02	38.51	-	-	-	Application of short arm splint (forearm to hand); dynamic
29130	29.56	20.65	-	-	-	Application of finger splint; static
29131	37.93	24.27	-	-	-	Application of finger splint; dynamic
29200	39.24	29.20	-	-	-	Strapping; thorax
29240	42.36	31.77	-	-	-	Strapping; shoulder (eg, Velpeau)
29260	38.21	27.34	-	-	-	Strapping; elbow or wrist
29280	37.33	26.19	-	-	-	Strapping; hand or finger
29305	179.26	117.11	-	-	-	Application of hip spica cast; 1 leg
29325	198.82	131.66	-	-	-	Application of hip spica cast; 1 and one-half spica or both legs
29345	99.64	74.56	-	-	-	Application of long leg cast (thigh to toes);
29355	103.16	78.91	-	-	-	Application of long leg cast (thigh to toes); walker or ambulatory type
29358	116.07	76.49	-	-	-	Application of long leg cast brace
29365	90.23	65.15	-	-	-	Application of cylinder cast (thigh to ankle)
29405	65.68	47.01	-	-	-	Application of short leg cast (below knee to toes);

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29425	69.87	50.36	-	-	-	Application of short leg cast (below knee to toes); walking or ambulatory type
29435	87.44	62.92	-	-	-	Application of patellar tendon bearing (PTB) cast
29440	35.62	23.08	-	-	-	Adding walker to previously applied cast
29445	103.83	79.58	-	-	-	Application of rigid total contact leg cast
29450	106.82	85.08	-	-	-	Application of clubfoot cast with molding or manipulation, long or short leg
29505	57.48	35.18	-	-	-	Application of long leg splint (thigh to ankle or toes)
29515	53.24	36.24	-	-	-	Application of short leg splint (calf to foot)
29520	36.94	26.63	-	-	-	Strapping; hip
29530	38.69	27.54	-	-	-	Strapping; knee
29540	25.58	17.78	-	-	-	Strapping; ankle and/or foot
29550	21.09	12.46	-	-	-	Strapping; toes
29580	39.13	26.59	-	-	-	Strapping; Unna boot
29581	72.39	23.35	-	-	-	Application of multi-layer venous wound compression system, below knee
29582	53.19	11.02	-	-	-	Application of multi-layer compression system; thigh and leg including ankle and foot, when performed
29583	32.85	8.08	-	-	-	Application of multi-layer compression system; upper arm and forearm
29584	53.19	11.02	-	-	-	Application of multi-layer compression system; upper arm, forearm, hand, and fingers
29590	39.11	28.24	-	-	-	Denis-Browne splint strapping
29700	48.81	25.13	-	-	-	Removal or bivalving; gauntlet, boot or body cast
29705	49.05	34.55	-	-	-	Removal or bivalving; full arm or full leg cast
29710	89.27	61.12	-	-	-	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.
29715	63.44	39.75	-	-	-	Removal or bivalving; turnbuckle jacket
29720	60.76	32.06	-	-	-	Repair of spica, body cast or jacket
29730	47.50	33.01	-	-	-	Windowing of cast

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29740	66.40	46.89	-	-	-	Wedging of cast (except clubfoot casts)
29750	74.33	55.94	-	-	-	Wedging of clubfoot cast
29799	-	-	I.C.	-	-	Unlisted procedure, casting or strapping
29800	-	-	387.79	-	-	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	-	-	482.98	-	-	Arthroscopy, temporomandibular joint, surgical
29805	-	-	348.12	-	-	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	-	-	782.85	-	-	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	-	-	764.69	-	-	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	-	-	433.53	-	-	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	-	-	398.88	-	-	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	-	-	436.51	-	-	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	-	-	424.66	-	-	Arthroscopy, shoulder, surgical; debridement, limited
29823	-	-	463.30	-	-	Arthroscopy, shoulder, surgical; debridement, extensive
29824	-	-	498.18	-	-	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)
29825	-	-	432.42	-	-	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	-	-	492.50	-	-	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release
29827	-	-	796.15	-	-	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	-	-	675.58	-	-	Arthroscopy, shoulder, surgical; biceps tenodesis
29830	-	-	335.67	-	-	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834	-	-	364.16	-	-	Arthroscopy, elbow, surgical; with removal of loose body or foreign body

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29835	-	-	374.20	-	-	Arthroscopy, elbow, surgical; synovectomy, partial
29836	-	-	431.00	-	-	Arthroscopy, elbow, surgical; synovectomy, complete
29837	-	-	391.07	-	-	Arthroscopy, elbow, surgical; debridement, limited
29838	-	-	437.57	-	-	Arthroscopy, elbow, surgical; debridement, extensive
29840	-	-	333.43	-	-	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843	-	-	356.88	-	-	Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844	-	-	368.11	-	-	Arthroscopy, wrist, surgical; synovectomy, partial
29845	-	-	424.44	-	-	Arthroscopy, wrist, surgical; synovectomy, complete
29846	-	-	386.13	-	-	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	-	-	401.16	-	-	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848	-	-	375.88	-	-	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29850	-	-	440.59	-	-	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)
29851	-	-	687.57	-	-	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
29855	-	-	580.63	-	-	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
29856	-	-	736.68	-	-	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)
29860	-	-	487.42	-	-	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29861	-	-	535.68	-	-	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	-	-	601.89	-	-	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	-	-	599.84	-	-	Arthroscopy, hip, surgical; with synovectomy
29866	-	-	773.24	-	-	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
29867	-	-	938.58	-	-	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29868	-	-	1,232.09	-	-	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
29870	445.22	304.21	-	-	-	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	-	-	379.05	-	-	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	-	-	386.55	-	-	Arthroscopy, knee, surgical; with lateral release
29874	-	-	397.84	-	-	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	-	-	366.37	-	-	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	-	-	483.81	-	-	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
29877	-	-	458.88	-	-	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	-	-	488.95	-	-	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29880	-	-	509.37	-	-	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)
29881	-	-	476.69	-	-	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)
29882	-	-	514.30	-	-	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	-	-	620.12	-	-	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	-	-	457.56	-	-	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	-	-	553.39	-	-	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	-	-	467.84	-	-	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	-	-	549.77	-	-	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	-	-	729.64	-	-	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	-	-	898.89	-	-	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891	-	-	512.11	-	-	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892	-	-	485.92	-	-	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29893	451.81	318.05	-	-	-	Endoscopic plantar fasciotomy
29894	-	-	381.66	-	-	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	-	-	364.92	-	-	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29897	-	-	382.42	-	-	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	-	-	424.49	-	-	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899	-	-	772.30	-	-	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
29900	-	-	340.29	-	-	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901	-	-	383.22	-	-	Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902	-	-	394.78	-	-	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)
29904	-	-	465.02	-	-	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body
29905	-	-	503.48	-	-	Arthroscopy, subtalar joint, surgical; with synovectomy
29906	-	-	530.00	-	-	Arthroscopy, subtalar joint, surgical; with debridement
29907	-	-	639.98	-	-	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis
29914	-	-	764.04	-	-	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
29915	-	-	778.34	-	-	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
29916	-	-	778.34	-	-	Arthroscopy, subtalar joint, surgical; with labral repair
29999	-	-	I.C.	-	-	Unlisted procedure, arthroscopy
30000	180.36	90.06	-	-	-	Drainage abscess or hematoma, nasal, internal approach
30020	178.59	90.53	-	-	-	Drainage abscess or hematoma, nasal septum
30100	110.07	52.38	-	-	-	Biopsy, intranasal
30110	177.58	99.27	-	-	-	Excision, nasal polyp(s), simple
30115	-	-	330.21	-	-	Excision, nasal polyp(s), extensive

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
30117	678.70	259.02	-	-	-	Excision or destruction (eg, laser), intranasal lesion; internal approach
30118	-	-	581.55	-	-	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)
30120	396.01	336.93	-	-	-	Excision or surgical planing of skin of nose for rhinophyma
30124	-	-	207.96	-	-	Excision dermoid cyst, nose; simple, skin, subcutaneous
30125	-	-	465.66	-	-	Excision dermoid cyst, nose; complex, under bone or cartilage
30130	-	-	291.96	-	-	Excision inferior turbinate, partial or complete, any method
30140	-	-	338.60	-	-	Submucous resection inferior turbinate, partial or complete, any method
30150	-	-	591.34	-	-	Rhinectomy; partial
30160	-	-	593.00	-	-	Rhinectomy; total
30200	88.17	45.54	-	-	-	Injection into turbinate(s), therapeutic
30210	115.78	76.21	-	-	-	Displacement therapy (Proetz type)
30220	234.57	95.79	-	-	-	Insertion, nasal septal prosthesis (button)
30300	179.74	95.86	-	-	-	Removal foreign body, intranasal; office type procedure
30310	-	-	157.98	-	-	Removal foreign body, intranasal; requiring general anesthesia
30320	-	-	347.22	-	-	Removal foreign body, intranasal; by lateral rhinotomy
30400	-	-	785.81	-	-	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	-	-	918.19	-	-	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	-	-	1,044.36	-	-	Rhinoplasty, primary; including major septal repair
30430	-	-	697.92	-	-	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	-	-	925.82	-	-	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	-	-	1,163.57	-	-	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
30460	-	-	572.40	-	-	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	-	-	1,171.39	-	-	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	-	-	744.72	-	-	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30520	-	-	470.90	-	-	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540	-	-	518.56	-	-	Repair choanal atresia; intranasal
30545	-	-	660.74	-	-	Repair choanal atresia; transpalatine
30560	213.12	107.22	-	-	-	Lysis intranasal synechia
30580	480.57	374.96	-	-	-	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	439.18	326.32	-	-	-	Repair fistula; oronasal
30620	-	-	476.70	-	-	Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630	-	-	476.56	-	-	Repair nasal septal perforations
30801	178.45	104.60	-	-	-	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
30802	225.90	145.09	-	-	-	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)
30901	73.07	41.58	-	-	-	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30903	153.01	59.10	-	-	-	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30905	189.52	74.98	-	-	-	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
30906	213.96	99.14	-	-	-	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent
30915	-	-	437.27	-	-	Ligation arteries; ethmoidal
30920	-	-	629.19	-	-	Ligation arteries; internal maxillary artery, transantral
30930	-	-	94.13	-	-	Fracture nasal inferior turbinate(s), therapeutic
30999	-	-	I.C.	-	-	Unlisted procedure, nose
31000	140.61	80.13	-	-	-	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31002	-	-	154.54	-	-	Lavage by cannulation; sphenoid sinus
31020	376.94	274.39	-	-	-	Sinusotomy, maxillary (antrotomy); intranasal
31030	532.53	396.54	-	-	-	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31032	-	-	434.45	-	-	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31040	-	-	565.18	-	-	Pterygomaxillary fossa surgery, any approach
31050	-	-	373.62	-	-	Sinusotomy, sphenoid, with or without biopsy;
31051	-	-	492.22	-	-	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)
31070	-	-	336.48	-	-	Sinusotomy frontal; external, simple (trephine operation)
31075	-	-	595.87	-	-	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)
31080	-	-	774.18	-	-	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)
31081	-	-	1,031.27	-	-	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
31084	-	-	885.44	-	-	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision
31085	-	-	987.01	-	-	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision
31086	-	-	849.80	-	-	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31087	-	-	823.58	-	-	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision
31090	-	-	776.96	-	-	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
31200	-	-	420.81	-	-	Ethmoidectomy; intranasal, anterior
31201	-	-	558.42	-	-	Ethmoidectomy; intranasal, total
31205	-	-	664.85	-	-	Ethmoidectomy; extranasal, total
31225	-	-	1,396.27	-	-	Maxillectomy; without orbital exenteration
31230	-	-	1,554.32	-	-	Maxillectomy; with orbital exenteration (en bloc)
31231	150.63	58.39	-	-	-	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31233	206.96	103.85	-	-	-	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235	233.89	122.14	-	-	-	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31237	252.52	136.87	-	-	-	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31238	259.02	148.66	-	-	-	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31239	-	-	508.84	-	-	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31240	-	-	121.87	-	-	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31254	-	-	206.77	-	-	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
31255	-	-	302.43	-	-	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)
31256	-	-	149.94	-	-	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31267	-	-	240.02	-	-	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31276	-	-	381.14	-	-	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31287	-	-	175.82	-	-	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288	-	-	203.96	-	-	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31290	-	-	872.84	-	-	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31291	-	-	922.92	-	-	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region
31292	-	-	753.77	-	-	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
31293	-	-	820.66	-	-	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression
31294	-	-	938.80	-	-	Nasal/sinus endoscopy, surgical; with optic nerve decompression
31295	1,654.17	130.65	-	-	-	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
31296	3,105.78	155.70	-	-	-	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
31297	3,079.64	127.89	-	-	-	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)
31299	-	-	I.C.	-	-	Unlisted procedure, accessory sinuses
31300	-	-	962.28	-	-	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
31320	-	-	507.92	-	-	Laryngotomy (thyrotomy, laryngofissure); diagnostic
31360	-	-	1,546.60	-	-	Laryngectomy; total, without radical neck dissection
31365	-	-	1,912.29	-	-	Laryngectomy; total, with radical neck dissection
31367	-	-	1,658.26	-	-	Laryngectomy; subtotal supraglottic, without radical neck dissection
31368	-	-	1,840.99	-	-	Laryngectomy; subtotal supraglottic, with radical neck dissection
31370	-	-	1,563.73	-	-	Partial laryngectomy (hemilaryngectomy); horizontal

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31375	-	-	1,482.84	-	-	Partial laryngectomy (hemilaryngectomy); laterovertical
31380	-	-	1,461.08	-	-	Partial laryngectomy (hemilaryngectomy); anterovertical
31382	-	-	1,600.75	-	-	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical
31390	-	-	2,126.01	-	-	Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395	-	-	2,253.40	-	-	Pharyngolaryngectomy, with radical neck dissection; with reconstruction
31400	-	-	767.58	-	-	Arytenoidectomy or arytenoidopexy, external approach
31420	-	-	633.88	-	-	Epiglottidectomy
31500	-	-	78.87	-	-	Intubation, endotracheal, emergency procedure
31502	-	-	25.95	-	-	Tracheotomy tube change prior to establishment of fistula tract
31505	65.11	37.52	-	-	-	Laryngoscopy, indirect; diagnostic (separate procedure)
31510	164.16	91.43	-	-	-	Laryngoscopy, indirect; with biopsy
31511	162.54	95.93	-	-	-	Laryngoscopy, indirect; with removal of foreign body
31512	161.57	98.86	-	-	-	Laryngoscopy, indirect; with removal of lesion
31513	-	-	100.43	-	-	Laryngoscopy, indirect; with vocal cord injection
31515	162.28	82.58	-	-	-	Laryngoscopy direct, with or without tracheoscopy; for aspiration
31520	-	-	117.97	-	-	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn
31525	193.70	120.69	-	-	-	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31526	-	-	120.16	-	-	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
31527	-	-	147.51	-	-	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator
31528	-	-	109.93	-	-	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529	-	-	123.01	-	-	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31530	-	-	149.89	-	-	Laryngoscopy, direct, operative, with foreign body removal;
31531	-	-	161.61	-	-	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope
31535	-	-	144.29	-	-	Laryngoscopy, direct, operative, with biopsy;
31536	-	-	160.88	-	-	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31540	-	-	184.52	-	-	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;
31541	-	-	201.45	-	-	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
31545	-	-	275.18	-	-	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)
31546	-	-	415.88	-	-	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)
31560	-	-	238.35	-	-	Laryngoscopy, direct, operative, with arytenoidectomy;
31561	-	-	260.52	-	-	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope
31570	264.34	173.49	-	-	-	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571	-	-	190.05	-	-	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
31575	89.33	58.11	-	-	-	Laryngoscopy, flexible fiberoptic; diagnostic
31576	175.59	93.94	-	-	-	Laryngoscopy, flexible fiberoptic; with biopsy
31577	187.69	112.45	-	-	-	Laryngoscopy, flexible fiberoptic; with removal of foreign body

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31578	218.20	129.58	-	-	-	Laryngoscopy, flexible fiberoptic; with removal of lesion
31579	166.44	107.09	-	-	-	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
31580	-	-	929.24	-	-	Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal
31582	-	-	1,456.88	-	-	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy
31584	-	-	1,147.32	-	-	Laryngoplasty; with open reduction of fracture
31587	-	-	750.78	-	-	Laryngoplasty, cricoid split
31588	-	-	868.48	-	-	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)
31590	-	-	695.50	-	-	Laryngeal reinnervation by neuromuscular pedicle
31595	-	-	587.64	-	-	Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral
31599	-	-	I.C.	-	-	Unlisted procedure, larynx
31600	-	-	292.67	-	-	Tracheostomy, planned (separate procedure);
31601	-	-	196.45	-	-	Tracheostomy, planned (separate procedure); younger than 2 years
31603	-	-	164.83	-	-	Tracheostomy, emergency procedure; transtracheal
31605	-	-	133.20	-	-	Tracheostomy, emergency procedure; cricothyroid membrane
31610	-	-	539.67	-	-	Tracheostomy, fenestration procedure with skin flaps
31611	-	-	413.48	-	-	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
31612	62.25	35.21	-	-	-	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
31613	-	-	345.00	-	-	Tracheostoma revision; simple, without flap rotation
31614	-	-	573.55	-	-	Tracheostoma revision; complex, with flap rotation
31615	140.13	96.38	-	-	-	Tracheobronchoscopy through established tracheostomy incision

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31620	221.72	49.77	-	-	-	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])
31622	244.15	107.60	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
31623	263.20	107.98	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings
31624	245.09	108.26	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage
31625	262.10	125.27	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites
31626	345.00	154.39	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple
31627	1,034.19	75.54	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])
31628	307.96	139.36	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
31629	486.55	150.18	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31630	-	-	150.08	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture
31631	-	-	170.72	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)
31632	54.10	35.99	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31633	65.86	46.07	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31634	1,461.78	151.72	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed
31635	267.46	139.27	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body
31636	-	-	165.19	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus
31637	-	-	56.73	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31638	-	-	188.98	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)
31640	-	-	190.84	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor
31641	-	-	190.42	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
31643	-	-	128.88	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
31645	234.31	118.10	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)
31646	214.18	102.71	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent
31656	242.49	81.14	-	-	-	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with injection of contrast material for segmental bronchography (fiberscope only)
31715	-	-	39.22	-	-	Transtracheal injection for bronchography
31717	224.84	81.32	-	-	-	Catheterization with bronchial brush biopsy
31720	-	-	37.73	-	-	Catheter aspiration (separate procedure); nasotracheal
31725	-	-	69.27	-	-	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31730	820.28	108.54	-	-	-	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy
31750	-	-	1,043.86	-	-	Tracheoplasty; cervical
31755	-	-	1,331.86	-	-	Tracheoplasty; tracheopharyngeal fistulization, each stage
31760	-	-	1,024.87	-	-	Tracheoplasty; intrathoracic
31766	-	-	1,320.26	-	-	Carinal reconstruction
31770	-	-	989.35	-	-	Bronchoplasty; graft repair
31775	-	-	1,010.11	-	-	Bronchoplasty; excision stenosis and anastomosis
31780	-	-	893.74	-	-	Excision tracheal stenosis and anastomosis; cervical
31781	-	-	1,046.87	-	-	Excision tracheal stenosis and anastomosis; cervicothoracic
31785	-	-	808.30	-	-	Excision of tracheal tumor or carcinoma; cervical
31786	-	-	1,087.41	-	-	Excision of tracheal tumor or carcinoma; thoracic
31800	-	-	536.28	-	-	Suture of tracheal wound or injury; cervical
31805	-	-	610.48	-	-	Suture of tracheal wound or injury; intrathoracic
31820	333.46	249.02	-	-	-	Surgical closure tracheostomy or fistula; without plastic repair
31825	461.20	365.05	-	-	-	Surgical closure tracheostomy or fistula; with plastic repair
31830	336.78	259.59	-	-	-	Revision of tracheostomy scar
31899	-	-	I.C.	-	-	Unlisted procedure, trachea, bronchi
32035	-	-	537.69	-	-	Thoracostomy; with rib resection for empyema
32036	-	-	579.39	-	-	Thoracostomy; with open flap drainage for empyema
32096	-	-	584.81	-	-	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral
32097	-	-	584.81	-	-	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral
32098	-	-	549.75	-	-	Thoracotomy, with biopsy(ies) of pleura
32100	-	-	713.74	-	-	Thoracotomy, major; with exploration and biopsy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
32110	-	-	1,081.90	-	-	Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear
32120	-	-	652.90	-	-	Thoracotomy, major; for postoperative complications
32124	-	-	691.92	-	-	Thoracotomy, major; with open intrapleural pneumonolysis
32140	-	-	736.99	-	-	Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure
32141	-	-	1,130.36	-	-	Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure
32150	-	-	744.94	-	-	Thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit
32151	-	-	753.88	-	-	Thoracotomy, major; with removal of intrapulmonary foreign body
32160	-	-	577.58	-	-	Thoracotomy, major; with cardiac massage
32200	-	-	844.57	-	-	Pneumonostomy; with open drainage of abscess or cyst
32201	739.85	149.89	-	-	-	Pneumonostomy; with percutaneous drainage of abscess or cyst
32215	-	-	598.66	-	-	Pleural scarification for repeat pneumothorax
32220	-	-	1,189.24	-	-	Decortication, pulmonary (separate procedure); total
32225	-	-	743.06	-	-	Decortication, pulmonary (separate procedure); partial
32310	-	-	684.09	-	-	Pleurectomy, parietal (separate procedure)
32320	-	-	1,191.79	-	-	Decortication and parietal pleurectomy
32400	115.05	65.17	-	-	-	Biopsy, pleura; percutaneous needle
32405	72.63	72.35	-	-	-	Biopsy, lung or mediastinum, percutaneous needle
32420	-	-	81.47	-	-	Pneumocentesis, puncture of lung for aspiration
32421	120.41	56.60	-	-	-	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
32422	151.29	92.21	-	-	-	Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
32440	-	-	1,174.12	-	-	Removal of lung, total pneumonectomy;
32442	-	-	2,078.47	-	-	Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
32445	-	-	2,581.93	-	-	Removal of lung, total pneumonectomy; extrapleural
32480	-	-	1,110.37	-	-	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)
32482	-	-	1,188.02	-	-	Removal of lung, other than total pneumonectomy; 2 lobes (bilobectomy)
32484	-	-	1,074.65	-	-	Removal of lung, other than total pneumonectomy; single segment (segmentectomy)
32486	-	-	1,743.23	-	-	Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)
32488	-	-	1,771.81	-	-	Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)
32491	-	-	1,109.72	-	-	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure
32501	-	-	182.52	-	-	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
32503	-	-	1,351.12	-	-	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)
32504	-	-	1,534.69	-	-	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction
32505	-	-	675.54	-	-	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), initial
32506	-	-	112.49	-	-	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)
32507	-	-	112.49	-	-	Thoracotomy; with therapeutic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)
32540	-	-	1,274.67	-	-	Extrapleural enucleation of empyema (empyemectomy)
32550	631.51	167.51	-	-	-	Insertion of indwelling tunneled pleural catheter with cuff
32551	-	-	126.62	-	-	Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)
32552	139.79	121.12	-	-	-	Removal of indwelling tunneled pleural catheter with cuff
32553	486.44	150.92	-	-	-	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
32560	205.58	61.23	-	-	-	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)
32561	71.81	52.31	-	-	-	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
32562	64.09	47.10	-	-	-	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day
32601	-	-	230.41	-	-	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy
32604	-	-	360.14	-	-	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy
32606	-	-	345.28	-	-	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy
32607	-	-	223.18	-	-	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral
32608	-	-	273.71	-	-	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral
32609	-	-	189.57	-	-	Thoracoscopy; with biopsy(ies) of pleura
32650	-	-	501.48	-	-	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)
32651	-	-	808.90	-	-	Thoracoscopy, surgical; with partial pulmonary decortication
32652	-	-	1,224.45	-	-	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis
32653	-	-	779.47	-	-	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit
32654	-	-	869.02	-	-	Thoracoscopy, surgical; with control of traumatic hemorrhage
32655	-	-	710.36	-	-	Thoracoscopy, surgical; with excision plication of bullae, including any pleural procedure
32656	-	-	598.82	-	-	Thoracoscopy, surgical; with parietal pleurectomy
32658	-	-	538.37	-	-	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac
32659	-	-	552.11	-	-	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
32661	-	-	600.23	-	-	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass
32662	-	-	672.62	-	-	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass
32663	-	-	1,043.83	-	-	Thoracoscopy, surgical; with lobectomy, total or segmental
32664	-	-	634.17	-	-	Thoracoscopy, surgical; with thoracic sympathectomy
32665	-	-	904.54	-	-	Thoracoscopy, surgical; with esophagomyotomy (Heller type)
32666	-	-	632.23	-	-	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral
32667	-	-	112.49	-	-	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)
32668	-	-	113.13	-	-	Thoracoscopy, surgical; with therapeutic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)
32669	-	-	969.41	-	-	Thoracoscopy, surgical; with removal of a single lunch segment (segmentectomy)
32670	-	-	1,155.52	-	-	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)
32671	-	-	1,280.54	-	-	Thoracoscopy, surgical; with removal of lung (pneumonectomy)
32672	-	-	1,096.72	-	-	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed
32673	-	-	868.36	-	-	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral
32674	-	-	154.28	-	-	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)
32800	-	-	699.70	-	-	Repair lung hernia through chest wall

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
32810	-	-	673.51	-	-	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)
32815	-	-	2,053.95	-	-	Open closure of major bronchial fistula
32820	-	-	1,001.31	-	-	Major reconstruction, chest wall (posttraumatic)
32850	-	-	I.C.	-	-	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
32851	-	-	1,947.53	-	-	Lung transplant, single; without cardiopulmonary bypass
32852	-	-	2,158.57	-	-	Lung transplant, single; with cardiopulmonary bypass
32853	-	-	2,308.14	-	-	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	-	-	2,530.37	-	-	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass
32855	-	-	I.C.	-	-	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral
32856	-	-	I.C.	-	-	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral
32900	-	-	1,031.75	-	-	Resection of ribs, extrapleural, all stages
32905	-	-	995.85	-	-	Thoracoplasty, Schede type or extrapleural (all stages);
32906	-	-	1,230.51	-	-	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula
32940	-	-	918.39	-	-	Pneumonolysis, extraperiosteal, including filling or packing procedures
32960	105.54	76.28	-	-	-	Pneumothorax, therapeutic, intrapleural injection of air
32997	-	-	259.31	-	-	Total lung lavage (unilateral)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
32998	2,342.09	219.41	-	-	-	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral
32999	-	-	I.C.	-	-	Unlisted procedure, lungs and pleura
33010	-	-	91.26	-	-	Pericardiocentesis; initial
33011	-	-	90.89	-	-	Pericardiocentesis; subsequent
33015	-	-	393.79	-	-	Tube pericardiostomy
33020	-	-	656.51	-	-	Pericardiotomy for removal of clot or foreign body (primary procedure)
33025	-	-	600.53	-	-	Creation of pericardial window or partial resection for drainage
33030	-	-	965.43	-	-	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
33031	-	-	1,071.66	-	-	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass
33050	-	-	751.82	-	-	Excision of pericardial cyst or tumor
33120	-	-	1,165.95	-	-	Excision of intracardiac tumor, resection with cardiopulmonary bypass
33130	-	-	1,037.44	-	-	Resection of external cardiac tumor
33140	-	-	1,190.24	-	-	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)
33141	-	-	103.15	-	-	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)
33202	-	-	584.26	-	-	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)
33203	-	-	612.92	-	-	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)
33206	-	-	353.80	-	-	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	-	-	375.90	-	-	Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33208	-	-	405.58	-	-	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33210	-	-	137.62	-	-	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
33211	-	-	139.42	-	-	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
33212	-	-	261.92	-	-	Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular
33213	-	-	298.28	-	-	Insertion or replacement of pacemaker pulse generator only; dual chamber
33214	-	-	373.14	-	-	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)
33215	-	-	236.91	-	-	Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode
33216	-	-	293.71	-	-	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator
33217	-	-	291.87	-	-	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator
33218	-	-	306.54	-	-	Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator
33220	-	-	308.94	-	-	Repair of 2 transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator
33221	-	-	254.86	-	-	Insertion of pacemaker pulse generator only; with existing multiple leads
33222	-	-	270.80	-	-	Revision or relocation of skin pocket for pacemaker

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33223	-	-	322.70	-	-	Revision of skin pocket for cardioverter-defibrillator
33224	-	-	389.72	-	-	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of generator)
33225	-	-	350.44	-	-	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system) (List separately in addition to code for primary procedure)
33226	-	-	375.35	-	-	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)
33227	-	-	243.32	-	-	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
33228	-	-	253.61	-	-	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
33229	-	-	263.90	-	-	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
33230	-	-	273.91	-	-	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads
33231	-	-	284.20	-	-	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads
33233	-	-	188.10	-	-	Removal of permanent pacemaker pulse generator
33234	-	-	377.52	-	-	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33235	-	-	493.58	-	-	Removal of transvenous pacemaker electrode(s); dual lead system
33236	-	-	594.15	-	-	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
33237	-	-	637.18	-	-	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
33238	-	-	707.80	-	-	Removal of permanent transvenous electrode(s) by thoracotomy
33240	-	-	359.20	-	-	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator
33241	-	-	176.67	-	-	Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator
33243	-	-	1,036.24	-	-	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy
33244	-	-	662.75	-	-	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction
33249	-	-	702.91	-	-	Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator
33250	-	-	1,106.33	-	-	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass
33251	-	-	1,227.52	-	-	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass
33254	-	-	1,030.50	-	-	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33255	-	-	1,248.79	-	-	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
33256	-	-	1,481.67	-	-	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass
33257	-	-	443.09	-	-	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)
33258	-	-	497.50	-	-	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)
33259	-	-	642.38	-	-	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)
33261	-	-	1,219.88	-	-	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
33262	-	-	264.12	-	-	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system
33263	-	-	274.41	-	-	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; dual lead system

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33264	-	-	284.70	-	-	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system
33265	-	-	1,019.09	-	-	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
33266	-	-	1,388.68	-	-	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
33282	-	-	253.79	-	-	Implantation of patient-activated cardiac event recorder
33284	-	-	184.47	-	-	Removal of an implantable, patient-activated cardiac event recorder
33300	-	-	1,803.81	-	-	Repair of cardiac wound; without bypass
33305	-	-	3,025.27	-	-	Repair of cardiac wound; with cardiopulmonary bypass
33310	-	-	874.53	-	-	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass
33315	-	-	1,116.13	-	-	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass
33320	-	-	800.96	-	-	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
33321	-	-	894.33	-	-	Suture repair of aorta or great vessels; with shunt bypass
33322	-	-	1,050.11	-	-	Suture repair of aorta or great vessels; with cardiopulmonary bypass
33330	-	-	1,069.92	-	-	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
33332	-	-	1,051.43	-	-	Insertion of graft, aorta or great vessels; with shunt bypass
33335	-	-	1,417.07	-	-	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
33400	-	-	1,720.52	-	-	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33401	-	-	1,089.88	-	-	Valvuloplasty, aortic valve; open, with inflow occlusion
33403	-	-	1,132.19	-	-	Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass
33404	-	-	1,326.66	-	-	Construction of apical-aortic conduit
33405	-	-	1,731.49	-	-	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
33406	-	-	2,162.63	-	-	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)
33410	-	-	1,916.21	-	-	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve
33411	-	-	2,516.59	-	-	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus
33412	-	-	1,860.32	-	-	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
33413	-	-	2,432.84	-	-	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)
33414	-	-	1,631.24	-	-	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415	-	-	1,516.13	-	-	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33416	-	-	1,527.44	-	-	Ventriculomyotomy (myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
33417	-	-	1,261.97	-	-	Aortoplasty (gusset) for supravalvular stenosis
33420	-	-	1,070.01	-	-	Valvotomy, mitral valve; closed heart
33422	-	-	1,273.66	-	-	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass
33425	-	-	2,034.14	-	-	Valvuloplasty, mitral valve, with cardiopulmonary bypass;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33426	-	-	1,803.33	-	-	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
33427	-	-	1,854.95	-	-	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
33430	-	-	2,110.27	-	-	Replacement, mitral valve, with cardiopulmonary bypass
33460	-	-	1,805.51	-	-	Valvectomy, tricuspid valve, with cardiopulmonary bypass
33463	-	-	2,300.01	-	-	Valvuloplasty, tricuspid valve; without ring insertion
33464	-	-	1,832.40	-	-	Valvuloplasty, tricuspid valve; with ring insertion
33465	-	-	2,055.58	-	-	Replacement, tricuspid valve, with cardiopulmonary bypass
33468	-	-	1,406.58	-	-	Tricuspid valve repositioning and plication for Ebstein anomaly
33470	-	-	952.39	-	-	Valvotomy, pulmonary valve, closed heart; transventricular
33471	-	-	941.19	-	-	Valvotomy, pulmonary valve, closed heart; via pulmonary artery
33472	-	-	918.44	-	-	Valvotomy, pulmonary valve, open heart; with inflow occlusion
33474	-	-	1,590.03	-	-	Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass
33475	-	-	1,755.44	-	-	Replacement, pulmonary valve
33476	-	-	1,137.30	-	-	Right ventricular resection for infundibular stenosis, with or without commissurotomy
33478	-	-	1,184.92	-	-	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection
33496	-	-	1,258.99	-	-	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)
33500	-	-	1,188.19	-	-	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass
33501	-	-	844.55	-	-	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33502	-	-	961.07	-	-	Repair of anomalous coronary artery from pulmonary artery origin; by ligation
33503	-	-	1,012.12	-	-	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass
33504	-	-	1,098.84	-	-	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass
33505	-	-	1,543.40	-	-	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)
33506	-	-	1,638.09	-	-	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta
33507	-	-	1,293.57	-	-	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation
33508	-	-	12.14	-	-	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)
33510	-	-	1,475.37	-	-	Coronary artery bypass, vein only; single coronary venous graft
33511	-	-	1,615.61	-	-	Coronary artery bypass, vein only; 2 coronary venous grafts
33512	-	-	1,830.20	-	-	Coronary artery bypass, vein only; 3 coronary venous grafts
33513	-	-	1,873.49	-	-	Coronary artery bypass, vein only; 4 coronary venous grafts
33514	-	-	1,983.64	-	-	Coronary artery bypass, vein only; 5 coronary venous grafts
33516	-	-	2,065.02	-	-	Coronary artery bypass, vein only; 6 or more coronary venous grafts
33517	-	-	140.37	-	-	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)
33518	-	-	307.58	-	-	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33519	-	-	407.88	-	-	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)
33521	-	-	491.37	-	-	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)
33522	-	-	553.49	-	-	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)
33523	-	-	628.38	-	-	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)
33530	-	-	391.74	-	-	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)
33533	-	-	1,427.88	-	-	Coronary artery bypass, using arterial graft(s); single arterial graft
33534	-	-	1,673.89	-	-	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts
33535	-	-	1,862.49	-	-	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts
33536	-	-	2,000.93	-	-	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts
33542	-	-	1,963.00	-	-	Myocardial resection (eg, ventricular aneurysmectomy)
33545	-	-	2,305.57	-	-	Repair of postinfarction ventricular septal defect, with or without myocardial resection
33548	-	-	2,243.28	-	-	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33572	-	-	174.57	-	-	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)
33600	-	-	1,281.70	-	-	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
33602	-	-	1,224.75	-	-	Closure of semilunar valve (aortic or pulmonary) by suture or patch
33606	-	-	1,346.38	-	-	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
33608	-	-	1,355.16	-	-	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery
33610	-	-	1,327.01	-	-	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
33611	-	-	1,472.80	-	-	Repair of double outlet right ventricle with intraventricular tunnel repair;
33612	-	-	1,483.91	-	-	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction
33615	-	-	1,505.49	-	-	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)
33617	-	-	1,609.94	-	-	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
33619	-	-	2,050.28	-	-	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
33620	-	-	1,238.48	-	-	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33621	-	-	667.23	-	-	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)
33622	-	-	2,612.46	-	-	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)
33641	-	-	1,229.65	-	-	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
33645	-	-	1,192.80	-	-	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647	-	-	1,278.11	-	-	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33660	-	-	1,407.23	-	-	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair
33665	-	-	1,444.33	-	-	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair
33670	-	-	1,487.02	-	-	Repair of complete atrioventricular canal, with or without prosthetic valve
33675	-	-	1,482.37	-	-	Closure of multiple ventricular septal defects;
33676	-	-	1,448.25	-	-	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)
33677	-	-	1,421.39	-	-	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset
33681	-	-	1,385.96	-	-	Closure of single ventricular septal defect, with or without patch;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33684	-	-	1,425.10	-	-	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)
33688	-	-	1,408.01	-	-	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset
33690	-	-	923.48	-	-	Banding of pulmonary artery
33692	-	-	1,247.99	-	-	Complete repair tetralogy of Fallot without pulmonary atresia;
33694	-	-	1,476.70	-	-	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch
33697	-	-	1,577.49	-	-	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect
33702	-	-	1,162.24	-	-	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33710	-	-	1,342.54	-	-	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect
33720	-	-	1,160.07	-	-	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass
33722	-	-	1,246.96	-	-	Closure of aortico-left ventricular tunnel
33724	-	-	1,164.19	-	-	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)
33726	-	-	1,587.03	-	-	Repair of pulmonary venous stenosis
33730	-	-	1,486.31	-	-	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)
33732	-	-	1,244.16	-	-	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane
33735	-	-	972.69	-	-	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)
33736	-	-	1,059.46	-	-	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass
33737	-	-	972.85	-	-	Atrial septectomy or septostomy; open heart, with inflow occlusion

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33750	-	-	1,022.48	-	-	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
33755	-	-	971.84	-	-	Shunt; ascending aorta to pulmonary artery (Waterston type operation)
33762	-	-	916.68	-	-	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)
33764	-	-	980.40	-	-	Shunt; central, with prosthetic graft
33766	-	-	1,015.29	-	-	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)
33767	-	-	1,065.43	-	-	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)
33768	-	-	298.81	-	-	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)
33770	-	-	1,582.98	-	-	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect
33771	-	-	1,550.42	-	-	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect
33774	-	-	1,357.71	-	-	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;
33775	-	-	1,328.15	-	-	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band
33776	-	-	1,403.08	-	-	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect
33777	-	-	1,284.53	-	-	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33778	-	-	1,680.61	-	-	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);
33779	-	-	1,663.43	-	-	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band
33780	-	-	1,707.98	-	-	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect
33781	-	-	1,647.34	-	-	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction
33782	-	-	2,384.51	-	-	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation
33783	-	-	2,576.25	-	-	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia
33786	-	-	1,578.02	-	-	Total repair, truncus arteriosus (Rastelli type operation)
33788	-	-	1,069.12	-	-	Reimplantation of an anomalous pulmonary artery
33800	-	-	737.47	-	-	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
33802	-	-	836.66	-	-	Division of aberrant vessel (vascular ring);
33803	-	-	858.23	-	-	Division of aberrant vessel (vascular ring); with reanastomosis
33813	-	-	972.65	-	-	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass
33814	-	-	1,148.45	-	-	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass
33820	-	-	736.67	-	-	Repair of patent ductus arteriosus; by ligation
33822	-	-	732.82	-	-	Repair of patent ductus arteriosus; by division, younger than 18 years

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33824	-	-	899.62	-	-	Repair of patent ductus arteriosus; by division, 18 years and older
33840	-	-	952.63	-	-	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
33845	-	-	1,023.98	-	-	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft
33851	-	-	1,054.60	-	-	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement
33852	-	-	1,049.66	-	-	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass
33853	-	-	1,403.33	-	-	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass
33860	-	-	2,401.53	-	-	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed
33863	-	-	2,367.21	-	-	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)
33864	-	-	2,424.53	-	-	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)
33870	-	-	1,900.22	-	-	Transverse arch graft, with cardiopulmonary bypass
33875	-	-	1,500.40	-	-	Descending thoracic aorta graft, with or without bypass
33877	-	-	2,703.29	-	-	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33880	-	-	1,379.08	-	-	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33881	-	-	1,187.43	-	-	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33883	-	-	862.85	-	-	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
33884	-	-	311.43	-	-	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)
33886	-	-	747.70	-	-	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
33889	-	-	608.35	-	-	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33891	-	-	749.32	-	-	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
33910	-	-	1,263.14	-	-	Pulmonary artery embolectomy; with cardiopulmonary bypass
33915	-	-	1,022.38	-	-	Pulmonary artery embolectomy; without cardiopulmonary bypass
33916	-	-	1,235.47	-	-	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass
33917	-	-	1,114.98	-	-	Repair of pulmonary artery stenosis by reconstruction with patch or graft
33920	-	-	1,366.17	-	-	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
33922	-	-	1,044.60	-	-	Transection of pulmonary artery with cardiopulmonary bypass
33924	-	-	212.05	-	-	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)
33925	-	-	1,300.07	-	-	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass
33926	-	-	1,900.15	-	-	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass
33930	-	-	I.C.	-	-	Donor cardiectomy-pneumonectomy (including cold preservation)
33933	-	-	I.C.	-	-	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation
33935	-	-	2,602.87	-	-	Heart-lung transplant with recipient cardiectomy-pneumonectomy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33940	-	-	I.C.	-	-	Donor cardiectomy (including cold preservation)
33944	-	-	I.C.	-	-	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation
33945	-	-	3,593.27	-	-	Heart transplant, with or without recipient cardiectomy
33960	-	-	735.97	-	-	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours
33961	-	-	409.95	-	-	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours (List separately in addition to code for primary procedure)
33967	-	-	202.37	-	-	Insertion of intra-aortic balloon assist device, percutaneous
33968	-	-	25.89	-	-	Removal of intra-aortic balloon assist device, percutaneous
33970	-	-	271.37	-	-	Insertion of intra-aortic balloon assist device through the femoral artery, open approach
33971	-	-	542.73	-	-	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft
33973	-	-	394.07	-	-	Insertion of intra-aortic balloon assist device through the ascending aorta
33974	-	-	682.76	-	-	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft
33975	-	-	822.67	-	-	Insertion of ventricular assist device; extracorporeal, single ventricle
33976	-	-	911.99	-	-	Insertion of ventricular assist device; extracorporeal, biventricular
33977	-	-	912.62	-	-	Removal of ventricular assist device; extracorporeal, single ventricle
33978	-	-	1,010.63	-	-	Removal of ventricular assist device; extracorporeal, biventricular

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33979	-	-	1,797.87	-	-	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
33980	-	-	2,721.43	-	-	Removal of ventricular assist device, implantable intracorporeal, single ventricle
33981	-	-	I.C.	-	-	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
33982	-	-	I.C.	-	-	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass
33983	-	-	I.C.	-	-	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass
33999	-	-	I.C.	-	-	Unlisted procedure, cardiac surgery
34001	-	-	747.84	-	-	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision
34051	-	-	745.22	-	-	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision
34101	-	-	468.70	-	-	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision
34111	-	-	468.61	-	-	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision
34151	-	-	1,075.21	-	-	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision
34201	-	-	787.47	-	-	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision
34203	-	-	745.59	-	-	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision
34401	-	-	1,134.13	-	-	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
34421	-	-	569.81	-	-	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision
34451	-	-	1,132.76	-	-	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision
34471	-	-	884.44	-	-	Thrombectomy, direct or with catheter; subclavian vein, by neck incision
34490	-	-	474.72	-	-	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision
34501	-	-	711.57	-	-	Valvuloplasty, femoral vein
34502	-	-	1,163.38	-	-	Reconstruction of vena cava, any method
34510	-	-	856.24	-	-	Venous valve transposition, any vein donor
34520	-	-	781.22	-	-	Cross-over vein graft to venous system
34530	-	-	736.07	-	-	Saphenopopliteal vein anastomosis
34800	-	-	871.34	-	-	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis
34802	-	-	962.74	-	-	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)
34803	-	-	993.14	-	-	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)
34804	-	-	963.39	-	-	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis
34805	-	-	914.36	-	-	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
34806	-	-	78.82	-	-	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)
34808	-	-	156.53	-	-	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)
34812	-	-	256.78	-	-	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral
34813	-	-	181.18	-	-	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)
34820	-	-	370.61	-	-	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral
34825	-	-	543.02	-	-	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel
34826	-	-	157.27	-	-	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)
34830	-	-	1,382.41	-	-	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
34831	-	-	1,472.62	-	-	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis
34832	-	-	1,485.72	-	-	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis
34833	-	-	466.50	-	-	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral
34834	-	-	211.30	-	-	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral
34900	-	-	695.17	-	-	Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis
35001	-	-	871.66	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision
35002	-	-	891.38	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision
35005	-	-	851.14	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35011	-	-	768.12	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision
35013	-	-	961.34	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision
35021	-	-	909.67	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision
35022	-	-	1,067.71	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision
35045	-	-	755.27	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery
35081	-	-	1,349.57	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta
35082	-	-	1,682.34	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35091	-	-	1,386.91	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35092	-	-	1,998.88	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35102	-	-	1,455.96	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)
35103	-	-	1,723.54	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)
35111	-	-	1,102.60	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery
35112	-	-	1,351.66	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35121	-	-	1,269.55	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery
35122	-	-	1,470.90	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery
35131	-	-	1,076.10	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)
35132	-	-	1,276.47	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)
35141	-	-	856.16	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)
35142	-	-	1,025.12	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)
35151	-	-	965.85	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35152	-	-	1,101.65	-	-	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery
35180	-	-	712.71	-	-	Repair, congenital arteriovenous fistula; head and neck
35182	-	-	1,309.68	-	-	Repair, congenital arteriovenous fistula; thorax and abdomen
35184	-	-	782.59	-	-	Repair, congenital arteriovenous fistula; extremities
35188	-	-	630.41	-	-	Repair, acquired or traumatic arteriovenous fistula; head and neck
35189	-	-	1,273.95	-	-	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen
35190	-	-	577.98	-	-	Repair, acquired or traumatic arteriovenous fistula; extremities
35201	-	-	720.78	-	-	Repair blood vessel, direct; neck
35206	-	-	592.33	-	-	Repair blood vessel, direct; upper extremity
35207	-	-	556.68	-	-	Repair blood vessel, direct; hand, finger
35211	-	-	1,046.08	-	-	Repair blood vessel, direct; intrathoracic, with bypass
35216	-	-	1,517.70	-	-	Repair blood vessel, direct; intrathoracic, without bypass
35221	-	-	1,078.95	-	-	Repair blood vessel, direct; intra-abdominal
35226	-	-	646.22	-	-	Repair blood vessel, direct; lower extremity
35231	-	-	899.98	-	-	Repair blood vessel with vein graft; neck
35236	-	-	750.31	-	-	Repair blood vessel with vein graft; upper extremity
35241	-	-	1,101.75	-	-	Repair blood vessel with vein graft; intrathoracic, with bypass
35246	-	-	1,142.10	-	-	Repair blood vessel with vein graft; intrathoracic, without bypass
35251	-	-	1,275.76	-	-	Repair blood vessel with vein graft; intra-abdominal
35256	-	-	784.00	-	-	Repair blood vessel with vein graft; lower extremity
35261	-	-	806.82	-	-	Repair blood vessel with graft other than vein; neck

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35266	-	-	663.97	-	-	Repair blood vessel with graft other than vein; upper extremity
35271	-	-	1,049.78	-	-	Repair blood vessel with graft other than vein; intrathoracic, with bypass
35276	-	-	1,092.41	-	-	Repair blood vessel with graft other than vein; intrathoracic, without bypass
35281	-	-	1,223.74	-	-	Repair blood vessel with graft other than vein; intra-abdominal
35286	-	-	725.48	-	-	Repair blood vessel with graft other than vein; lower extremity
35301	-	-	811.33	-	-	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision
35302	-	-	863.09	-	-	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery
35303	-	-	951.89	-	-	Thromboendarterectomy, including patch graft, if performed; popliteal artery
35304	-	-	984.91	-	-	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery
35305	-	-	949.38	-	-	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel
35306	-	-	362.00	-	-	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)
35311	-	-	1,163.32	-	-	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision
35321	-	-	689.88	-	-	Thromboendarterectomy, including patch graft, if performed; axillary-brachial
35331	-	-	1,132.19	-	-	Thromboendarterectomy, including patch graft, if performed; abdominal aorta
35341	-	-	1,057.11	-	-	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal
35351	-	-	991.56	-	-	Thromboendarterectomy, including patch graft, if performed; iliac

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35355	-	-	804.84	-	-	Thromboendarterectomy, including patch graft, if performed; iliofemoral
35361	-	-	1,196.48	-	-	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac
35363	-	-	1,329.28	-	-	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral
35371	-	-	637.54	-	-	Thromboendarterectomy, including patch graft, if performed; common femoral
35372	-	-	760.50	-	-	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral
35390	-	-	121.95	-	-	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)
35400	-	-	114.47	-	-	Angioscopy (non-coronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)
35450	-	-	393.90	-	-	Transluminal balloon angioplasty, open; renal or other visceral artery
35452	-	-	274.31	-	-	Transluminal balloon angioplasty, open; aortic
35458	-	-	374.44	-	-	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel
35460	-	-	239.24	-	-	Transluminal balloon angioplasty, open; venous
35471	2,367.98	413.34	-	-	-	Transluminal balloon angioplasty, percutaneous; renal or visceral artery
35472	1,716.11	279.80	-	-	-	Transluminal balloon angioplasty, percutaneous; aortic
35475	1,855.58	371.34	-	-	-	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel
35476	1,409.27	236.59	-	-	-	Transluminal balloon angioplasty, percutaneous; venous

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35500	-	-	245.25	-	-	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)
35501	-	-	1,215.31	-	-	Bypass graft, with vein; common carotid-ipsilateral internal carotid
35506	-	-	1,031.16	-	-	Bypass graft, with vein; carotid-subclavian or subclavian-carotid
35508	-	-	1,089.74	-	-	Bypass graft, with vein; carotid-vertebral
35509	-	-	1,149.58	-	-	Bypass graft, with vein; carotid-contralateral carotid
35510	-	-	971.08	-	-	Bypass graft, with vein; carotid-brachial
35511	-	-	958.97	-	-	Bypass graft, with vein; subclavian-subclavian
35512	-	-	949.04	-	-	Bypass graft, with vein; subclavian-brachial
35515	-	-	1,028.46	-	-	Bypass graft, with vein; subclavian-vertebral
35516	-	-	943.97	-	-	Bypass graft, with vein; subclavian-axillary
35518	-	-	906.78	-	-	Bypass graft, with vein; axillary-axillary
35521	-	-	1,028.79	-	-	Bypass graft, with vein; axillary-femoral
35522	-	-	946.10	-	-	Bypass graft, with vein; axillary-brachial
35523	-	-	996.02	-	-	Bypass graft, with vein; brachial-ulnar or radial
35525	-	-	883.96	-	-	Bypass graft, with vein; brachial-brachial
35526	-	-	1,265.39	-	-	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid
35531	-	-	1,559.54	-	-	Bypass graft, with vein; aortoceliac or aortomesenteric
35533	-	-	1,262.59	-	-	Bypass graft, with vein; axillary-femoral-femoral
35535	-	-	1,389.68	-	-	Bypass graft, with vein; hepatorenal
35536	-	-	1,321.69	-	-	Bypass graft, with vein; splenorenal
35537	-	-	1,733.15	-	-	Bypass graft, with vein; aortoiliac
35538	-	-	1,942.27	-	-	Bypass graft, with vein; aortobi-iliac

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35539	-	-	1,706.56	-	-	Bypass graft, with vein; aortofemoral
35540	-	-	1,959.67	-	-	Bypass graft, with vein; aortobifemoral
35556	-	-	1,080.58	-	-	Bypass graft, with vein; femoral-popliteal
35558	-	-	955.84	-	-	Bypass graft, with vein; femoral-femoral
35560	-	-	1,341.77	-	-	Bypass graft, with vein; aortorenal
35563	-	-	1,036.99	-	-	Bypass graft, with vein; ilioiliac
35565	-	-	1,022.81	-	-	Bypass graft, with vein; iliofemoral
35566	-	-	1,292.59	-	-	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
35570	-	-	1,079.88	-	-	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial
35571	-	-	1,034.75	-	-	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
35572	-	-	265.07	-	-	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)
35583	-	-	1,117.22	-	-	In-situ vein bypass; femoral-popliteal
35585	-	-	1,298.83	-	-	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
35587	-	-	1,071.51	-	-	In-situ vein bypass; popliteal-tibial, peroneal
35600	-	-	195.30	-	-	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)
35601	-	-	1,129.30	-	-	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid
35606	-	-	911.21	-	-	Bypass graft, with other than vein; carotid-subclavian
35612	-	-	698.31	-	-	Bypass graft, with other than vein; subclavian-subclavian
35616	-	-	911.65	-	-	Bypass graft, with other than vein; subclavian-axillary
35621	-	-	853.67	-	-	Bypass graft, with other than vein; axillary-femoral

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35623	-	-	1,100.06	-	-	Bypass graft, with other than vein; axillary-popliteal or -tibial
35626	-	-	1,202.47	-	-	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid
35631	-	-	1,426.30	-	-	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal
35632	-	-	1,319.99	-	-	Bypass graft, with other than vein; ilio-celiac
35633	-	-	1,443.96	-	-	Bypass graft, with other than vein; ilio-mesenteric
35634	-	-	1,306.85	-	-	Bypass graft, with other than vein; iliorenal
35636	-	-	1,332.31	-	-	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)
35637	-	-	1,324.30	-	-	Bypass graft, with other than vein; aortoiliac
35638	-	-	1,354.32	-	-	Bypass graft, with other than vein; aortobi-iliac
35642	-	-	844.81	-	-	Bypass graft, with other than vein; carotid-vertebral
35645	-	-	801.24	-	-	Bypass graft, with other than vein; subclavian-vertebral
35646	-	-	1,328.46	-	-	Bypass graft, with other than vein; aortobifemoral
35647	-	-	1,207.20	-	-	Bypass graft, with other than vein; aortofemoral
35650	-	-	828.45	-	-	Bypass graft, with other than vein; axillary-axillary
35654	-	-	1,064.28	-	-	Bypass graft, with other than vein; axillary-femoral-femoral
35656	-	-	839.94	-	-	Bypass graft, with other than vein; femoral-popliteal
35661	-	-	844.65	-	-	Bypass graft, with other than vein; femoral-femoral
35663	-	-	971.49	-	-	Bypass graft, with other than vein; ilioiliac
35665	-	-	911.99	-	-	Bypass graft, with other than vein; iliofemoral
35666	-	-	988.92	-	-	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
35671	-	-	871.63	-	-	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35681	-	-	61.19	-	-	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)
35682	-	-	271.94	-	-	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)
35683	-	-	317.79	-	-	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)
35685	-	-	153.19	-	-	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)
35686	-	-	127.34	-	-	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)
35691	-	-	747.83	-	-	Transposition and/or reimplantation; vertebral to carotid artery
35693	-	-	665.99	-	-	Transposition and/or reimplantation; vertebral to subclavian artery
35694	-	-	790.42	-	-	Transposition and/or reimplantation; subclavian to carotid artery
35695	-	-	807.53	-	-	Transposition and/or reimplantation; carotid to subclavian artery
35697	-	-	114.10	-	-	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)
35700	-	-	117.52	-	-	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)
35701	-	-	427.18	-	-	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery
35721	-	-	353.42	-	-	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35741	-	-	391.28	-	-	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery
35761	-	-	297.02	-	-	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels
35800	-	-	376.76	-	-	Exploration for postoperative hemorrhage, thrombosis or infection; neck
35820	-	-	1,487.31	-	-	Exploration for postoperative hemorrhage, thrombosis or infection; chest
35840	-	-	488.85	-	-	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen
35860	-	-	316.76	-	-	Exploration for postoperative hemorrhage, thrombosis or infection; extremity
35870	-	-	1,042.29	-	-	Repair of graft-enteric fistula
35875	-	-	462.96	-	-	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);
35876	-	-	732.36	-	-	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft
35879	-	-	720.02	-	-	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
35881	-	-	796.49	-	-	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition
35883	-	-	929.85	-	-	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)
35884	-	-	962.88	-	-	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
35901	-	-	394.28	-	-	Excision of infected graft; neck
35903	-	-	442.72	-	-	Excision of infected graft; extremity
35905	-	-	1,319.12	-	-	Excision of infected graft; thorax
35907	-	-	1,481.20	-	-	Excision of infected graft; abdomen

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36000	19.68	7.14	-	-	-	Introduction of needle or intracatheter, vein
36002	128.25	81.99	-	-	-	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm
36005	281.69	36.74	-	-	-	Injection procedure for extremity venography (including introduction of needle or intracatheter)
36010	453.51	91.78	-	-	-	Introduction of catheter, superior or inferior vena cava
36011	747.97	119.00	-	-	-	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
36012	722.74	134.73	-	-	-	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
36013	660.69	97.48	-	-	-	Introduction of catheter, right heart or main pulmonary artery
36014	692.59	114.62	-	-	-	Selective catheter placement, left or right pulmonary artery
36015	751.74	132.51	-	-	-	Selective catheter placement, segmental or subsegmental pulmonary artery
36100	423.82	121.46	-	-	-	Introduction of needle or intracatheter, carotid or vertebral artery
36120	364.10	75.67	-	-	-	Introduction of needle or intracatheter; retrograde brachial artery
36140	388.90	78.45	-	-	-	Introduction of needle or intracatheter; extremity artery
36147	659.74	139.17	-	-	-	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36148	208.96	36.74	-	-	-	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)
36160	420.29	97.58	-	-	-	Introduction of needle or intracatheter, aortic, translumbar
36200	524.53	117.10	-	-	-	Introduction of catheter, aorta
36215	936.40	185.36	-	-	-	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36216	1,029.60	209.73	-	-	-	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family
36217	1,694.03	249.65	-	-	-	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family
36218	154.77	39.67	-	-	-	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36245	988.88	188.80	-	-	-	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	995.96	207.31	-	-	-	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	1,576.42	246.85	-	-	-	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36248	129.13	39.12	-	-	-	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36251	1,119.43	199.52	-	-	-	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral
36252	1,224.81	259.82	-	-	-	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral
36253	1,714.86	277.27	-	-	-	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36254	1,783.10	299.12	-	-	-	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral
36260	-	-	460.84	-	-	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261	-	-	288.82	-	-	Revision of implanted intra-arterial infusion pump
36262	-	-	219.55	-	-	Removal of implanted intra-arterial infusion pump
36299	-	-	I.C.	-	-	Unlisted procedure, vascular injection
36400	22.11	12.63	-	-	-	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein
36405	18.18	11.77	-	-	-	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein
36406	13.27	6.86	-	-	-	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; other vein
36410	14.11	6.86	-	-	-	Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415	-	-	I.C.	-	-	Collection of venous blood by venipuncture
36416	-	-	I.C.	-	-	Collection of capillary blood specimen (eg, finger, heel, ear stick)
36420	-	-	34.20	-	-	Venipuncture, cutdown; younger than age 1 year
36425	-	-	29.07	-	-	Venipuncture, cutdown; age 1 or over

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36430	-	-	28.61	-	-	Transfusion, blood or blood components
36440	-	-	41.08	-	-	Push transfusion, blood, 2 years or younger
36450	-	-	84.73	-	-	Exchange transfusion, blood; newborn
36455	-	-	89.01	-	-	Exchange transfusion, blood; other than newborn
36460	-	-	260.73	-	-	Transfusion, intrauterine, fetal
36468	-	-	I.C.	-	-	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36469	-	-	I.C.	-	-	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
36470	112.63	53.83	-	-	-	Injection of sclerosing solution; single vein
36471	136.90	75.87	-	-	-	Injection of sclerosing solution; multiple veins, same leg
36475	1,479.80	265.04	-	-	-	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	312.52	129.15	-	-	-	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478	1,162.76	264.03	-	-	-	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	322.93	128.97	-	-	-	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36481	1,006.82	268.88	-	-	-	Percutaneous portal vein catheterization by any method
36500	-	-	136.03	-	-	Venous catheterization for selective organ blood sampling
36510	81.27	44.76	-	-	-	Catheterization of umbilical vein for diagnosis or therapy, newborn
36511	-	-	69.97	-	-	Therapeutic apheresis; for white blood cells
36512	-	-	68.50	-	-	Therapeutic apheresis; for red blood cells
36513	-	-	73.78	-	-	Therapeutic apheresis; for platelets
36514	418.60	68.58	-	-	-	Therapeutic apheresis; for plasma pheresis
36515	1,584.03	68.30	-	-	-	Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion
36516	1,752.66	50.78	-	-	-	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion
36522	1,112.40	76.56	-	-	-	Photopheresis, extracorporeal
36555	210.25	89.58	-	-	-	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
36556	181.36	88.56	-	-	-	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36557	746.27	238.24	-	-	-	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age
36558	642.99	212.43	-	-	-	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older
36560	1,015.96	269.66	-	-	-	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36561	945.49	264.68	-	-	-	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older
36563	1,004.65	276.75	-	-	-	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36565	796.56	262.34	-	-	-	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)
36566	3,658.61	281.60	-	-	-	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)
36568	237.37	71.00	-	-	-	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age
36569	204.85	69.41	-	-	-	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
36570	906.87	228.02	-	-	-	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36571	1,022.64	238.73	-	-	-	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36575	130.66	26.43	-	-	-	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site
36576	292.79	146.21	-	-	-	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36578	405.68	164.35	-	-	-	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36580	178.47	50.00	-	-	-	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36581	616.87	151.48	-	-	-	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36582	883.59	231.49	-	-	-	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access
36583	985.47	244.75	-	-	-	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access
36584	171.82	50.88	-	-	-	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access
36585	891.48	213.18	-	-	-	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
36589	127.54	105.80	-	-	-	Removal of tunneled central venous catheter, without subcutaneous port or pump
36590	218.72	152.40	-	-	-	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion
36591	-	-	18.86	-	-	Collection of blood specimen from a completely implantable venous access device
36592	-	-	21.09	-	-	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36593	-	-	23.59	-	-	Declotting by thrombolytic agent of implanted vascular access device or catheter
36595	470.91	140.95	-	-	-	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access
36596	108.63	34.50	-	-	-	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen
36597	98.49	46.38	-	-	-	Repositioning of previously placed central venous catheter under fluoroscopic guidance

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36598	90.27	37.88	-	-	-	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
36600	23.91	11.37	-	-	-	Arterial puncture, withdrawal of blood for diagnosis
36620	-	-	36.66	-	-	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36625	-	-	78.36	-	-	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown
36640	-	-	94.56	-	-	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
36660	-	-	54.95	-	-	Catheterization, umbilical artery, newborn, for diagnosis or therapy
36680	-	-	43.43	-	-	Placement of needle for intraosseous infusion
36800	-	-	122.34	-	-	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
36810	-	-	157.87	-	-	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)
36815	-	-	113.36	-	-	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure
36818	-	-	511.34	-	-	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
36819	-	-	606.92	-	-	Arteriovenous anastomosis, open; by upper arm basilic vein transposition
36820	-	-	612.03	-	-	Arteriovenous anastomosis, open; by forearm vein transposition
36821	-	-	522.51	-	-	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
36822	-	-	292.20	-	-	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36823	-	-	980.95	-	-	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites
36825	-	-	615.83	-	-	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
36830	-	-	499.67	-	-	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)
36831	-	-	348.90	-	-	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)
36832	-	-	441.74	-	-	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36833	-	-	498.65	-	-	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36835	-	-	368.30	-	-	Insertion of Thomas shunt (separate procedure)
36838	-	-	881.81	-	-	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
36860	156.86	79.67	-	-	-	External cannula declotting (separate procedure); without balloon catheter
36861	-	-	115.04	-	-	External cannula declotting (separate procedure); with balloon catheter
36870	1,525.18	231.84	-	-	-	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)
37140	-	-	1,069.30	-	-	Venous anastomosis, open; portocaval
37145	-	-	1,122.05	-	-	Venous anastomosis, open; renoportal

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
37160	-	-	988.73	-	-	Venous anastomosis, open; caval-mesenteric
37180	-	-	1,103.30	-	-	Venous anastomosis, open; splenorenal, proximal
37181	-	-	1,190.97	-	-	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)
37182	-	-	644.55	-	-	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)
37183	4,431.70	305.05	-	-	-	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)
37184	1,937.53	346.29	-	-	-	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
37185	637.18	127.48	-	-	-	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
37186	1,263.66	194.66	-	-	-	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)
37187	1,847.81	314.81	-	-	-	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
37188	1,564.74	225.98	-	-	-	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy
37191	2,054.41	171.10	-	-	-	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed
37192	1,364.05	264.64	-	-	-	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
37193	1,300.79	264.38	-	-	-	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed
37195	-	-	226.34	-	-	Thrombolysis, cerebral, by intravenous infusion
37200	-	-	170.60	-	-	Transcatheter biopsy
37201	-	-	211.51	-	-	Transcatheter therapy, infusion for thrombolysis other than coronary
37202	-	-	256.36	-	-	Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)
37203	1,091.66	199.89	-	-	-	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)
37204	-	-	683.53	-	-	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck
37205	3,522.40	330.43	-	-	-	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel
37206	2,122.51	162.29	-	-	-	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)
37207	-	-	325.48	-	-	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
37208	-	-	156.52	-	-	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)
37209	-	-	85.87	-	-	Exchange of a previously placed intravascular catheter during thrombolytic therapy
37210	2,918.21	405.38	-	-	-	Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure
37215	-	-	845.75	-	-	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
37216	-	-	762.10	-	-	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection
37220	2,556.00	312.37	-	-	-	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	3,789.52	381.02	-	-	-	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37222	729.44	141.71	-	-	-	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
37223	2,093.42	161.07	-	-	-	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37224	3,075.50	344.18	-	-	-	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	8,755.70	463.39	-	-	-	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	7,334.78	386.81	-	-	-	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	11,846.62	559.64	-	-	-	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37228	4,387.40	420.15	-	-	-	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
37229	8,668.66	542.43	-	-	-	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
37230	6,798.10	524.80	-	-	-	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
37231	10,946.35	570.37	-	-	-	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37232	977.03	151.86	-	-	-	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
37233	1,184.84	249.60	-	-	-	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37234	3,151.33	208.22	-	-	-	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37235	3,356.26	295.55	-	-	-	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37250	-	-	82.58	-	-	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)
37251	-	-	61.37	-	-	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
37500	-	-	530.44	-	-	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37501	-	-	I.C.	-	-	Unlisted vascular endoscopy procedure
37565	-	-	538.81	-	-	Ligation, internal jugular vein
37600	-	-	539.60	-	-	Ligation; external carotid artery
37605	-	-	613.54	-	-	Ligation; internal or common carotid artery
37606	-	-	383.51	-	-	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
37607	-	-	288.41	-	-	Ligation or banding of angioaccess arteriovenous fistula
37609	236.45	155.07	-	-	-	Ligation or biopsy, temporal artery
37615	-	-	388.25	-	-	Ligation, major artery (eg, post-traumatic, rupture); neck
37616	-	-	820.31	-	-	Ligation, major artery (eg, post-traumatic, rupture); chest
37617	-	-	976.78	-	-	Ligation, major artery (eg, post-traumatic, rupture); abdomen
37618	-	-	292.75	-	-	Ligation, major artery (eg, post-traumatic, rupture); extremity
37619	-	-	1,168.39	-	-	Ligation of inferior vena cava
37650	-	-	371.86	-	-	Ligation of femoral vein
37660	-	-	936.62	-	-	Ligation of common iliac vein
37700	-	-	194.69	-	-	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	-	-	333.48	-	-	Ligation, division, and stripping, short saphenous vein
37722	-	-	369.82	-	-	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	-	-	478.84	-	-	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	-	-	490.35	-	-	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
37761	-	-	429.52	-	-	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
37765	512.22	347.52	-	-	-	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	607.14	424.05	-	-	-	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37780	-	-	200.79	-	-	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	278.54	201.35	-	-	-	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
37788	-	-	1,038.19	-	-	Penile revascularization, artery, with or without vein graft
37790	-	-	365.86	-	-	Penile venous occlusive procedure
37799	-	-	I.C.	-	-	Unlisted procedure, vascular surgery
38100	-	-	817.16	-	-	Splenectomy; total (separate procedure)
38101	-	-	823.66	-	-	Splenectomy; partial (separate procedure)
38102	-	-	187.51	-	-	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)
38115	-	-	903.10	-	-	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy
38120	-	-	752.60	-	-	Laparoscopy, surgical, splenectomy
38129	-	-	I.C.	-	-	Unlisted laparoscopy procedure, spleen
38200	-	-	108.18	-	-	Injection procedure for splenoportography
38204	-	-	74.70	-	-	Management of recipient hematopoietic progenitor cell donor search and cell acquisition
38205	-	-	59.26	-	-	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic
38206	-	-	59.81	-	-	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
38207	-	-	35.29	-	-	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38208	-	-	22.38	-	-	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing
38209	-	-	9.62	-	-	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing
38210	-	-	62.71	-	-	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion
38211	-	-	56.85	-	-	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
38212	-	-	37.34	-	-	Transplant preparation of hematopoietic progenitor cells; red blood cell removal
38213	-	-	9.62	-	-	Transplant preparation of hematopoietic progenitor cells; platelet depletion
38214	-	-	32.24	-	-	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion
38215	-	-	37.34	-	-	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer
38220	119.03	45.46	-	-	-	Bone marrow; aspiration only
38221	128.29	56.39	-	-	-	Bone marrow; biopsy, needle or trocar
38230	-	-	253.42	-	-	Bone marrow harvesting for transplantation
38232	-	-	131.61	-	-	Bone marrow; autologous
38240	-	-	93.14	-	-	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic
38241	-	-	93.05	-	-	Bone marrow or blood-derived peripheral stem cell transplantation; autologous
38242	-	-	71.12	-	-	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
38300	210.75	137.46	-	-	-	Drainage of lymph node abscess or lymphadenitis; simple
38305	-	-	338.77	-	-	Drainage of lymph node abscess or lymphadenitis; extensive
38308	-	-	325.93	-	-	Lymphangiotomy or other operations on lymphatic channels
38380	-	-	427.59	-	-	Suture and/or ligation of thoracic duct; cervical approach
38381	-	-	598.56	-	-	Suture and/or ligation of thoracic duct; thoracic approach
38382	-	-	492.78	-	-	Suture and/or ligation of thoracic duct; abdominal approach
38500	241.63	183.10	-	-	-	Biopsy or excision of lymph node(s); open, superficial
38505	97.82	54.62	-	-	-	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38510	385.10	308.18	-	-	-	Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	-	-	340.27	-	-	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38525	-	-	311.53	-	-	Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530	-	-	396.66	-	-	Biopsy or excision of lymph node(s); open, internal mammary node(s)
38542	-	-	384.29	-	-	Dissection, deep jugular node(s)
38550	-	-	361.33	-	-	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38555	-	-	729.52	-	-	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
38562	-	-	511.37	-	-	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
38564	-	-	509.99	-	-	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)
38570	-	-	395.00	-	-	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38571	-	-	601.28	-	-	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
38572	-	-	689.18	-	-	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
38589	-	-	I.C.	-	-	Unlisted laparoscopy procedure, lymphatic system
38700	-	-	597.60	-	-	Suprahyoid lymphadenectomy
38720	-	-	992.10	-	-	Cervical lymphadenectomy (complete)
38724	-	-	1,076.01	-	-	Cervical lymphadenectomy (modified radical neck dissection)
38740	-	-	493.43	-	-	Axillary lymphadenectomy; superficial
38745	-	-	625.02	-	-	Axillary lymphadenectomy; complete
38746	-	-	191.07	-	-	Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure)
38747	-	-	190.99	-	-	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)
38760	-	-	607.93	-	-	Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)
38765	-	-	931.70	-	-	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38770	-	-	597.77	-	-	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38780	-	-	763.21	-	-	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)
38790	-	-	62.15	-	-	Injection procedure; lymphangiography
38792	-	-	30.51	-	-	Injection procedure; for identification of sentinel node
38794	-	-	224.97	-	-	Cannulation, thoracic duct

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
38900	-	-	98.48	-	-	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)
38999	-	-	I.C.	-	-	Unlisted procedure, hemic or lymphatic system
39000	-	-	372.18	-	-	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
39010	-	-	596.28	-	-	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy
39200	-	-	657.67	-	-	Excision of mediastinal cyst
39220	-	-	849.74	-	-	Excision of mediastinal tumor
39400	-	-	379.88	-	-	Mediastinoscopy, with or without biopsy
39499	-	-	I.C.	-	-	Unlisted procedure, mediastinum
39501	-	-	615.98	-	-	Repair, laceration of diaphragm, any approach
39503	-	-	4,343.14	-	-	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia
39540	-	-	629.79	-	-	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
39541	-	-	682.48	-	-	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
39545	-	-	664.23	-	-	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
39560	-	-	577.65	-	-	Resection, diaphragm; with simple repair (eg, primary suture)
39561	-	-	910.00	-	-	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)
39599	-	-	I.C.	-	-	Unlisted procedure, diaphragm
40490	99.75	55.72	-	-	-	Biopsy of lip
40500	389.54	278.35	-	-	-	Vermilionectomy (lip shave), with mucosal advancement

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
40510	370.05	269.73	-	-	-	Excision of lip; transverse wedge excision with primary closure
40520	378.43	272.81	-	-	-	Excision of lip; V-excision with primary direct linear closure
40525	-	-	419.41	-	-	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
40527	-	-	480.55	-	-	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	416.45	308.05	-	-	-	Resection of lip, more than one-fourth, without reconstruction
40650	319.80	218.36	-	-	-	Repair lip, full thickness; vermilion only
40652	372.68	267.06	-	-	-	Repair lip, full thickness; up to half vertical height
40654	437.48	322.94	-	-	-	Repair lip, full thickness; over one-half vertical height, or complex
40700	-	-	725.37	-	-	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	-	-	834.91	-	-	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure
40702	-	-	619.36	-	-	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages
40720	-	-	732.09	-	-	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
40761	-	-	816.78	-	-	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
40799	-	-	I.C.	-	-	Unlisted procedure, lips
40800	161.02	99.99	-	-	-	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801	239.40	168.34	-	-	-	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40804	165.13	100.76	-	-	-	Removal of embedded foreign body, vestibule of mouth; simple
40805	248.48	171.84	-	-	-	Removal of embedded foreign body, vestibule of mouth; complicated
40806	84.32	24.13	-	-	-	Incision of labial frenum (frenotomy)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
40808	144.83	83.52	-	-	-	Biopsy, vestibule of mouth
40810	159.43	98.12	-	-	-	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	219.18	149.51	-	-	-	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40814	293.36	232.33	-	-	-	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	308.23	242.46	-	-	-	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40818	273.22	208.85	-	-	-	Excision of mucosa of vestibule of mouth as donor graft
40819	234.92	179.46	-	-	-	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40820	208.55	135.26	-	-	-	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
40830	190.81	121.98	-	-	-	Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	253.08	170.59	-	-	-	Closure of laceration, vestibule of mouth; over 2.5 cm or complex
40840	635.46	486.09	-	-	-	Vestibuloplasty; anterior
40842	607.32	473.83	-	-	-	Vestibuloplasty; posterior, unilateral
40843	800.49	609.31	-	-	-	Vestibuloplasty; posterior, bilateral
40844	1,051.71	868.06	-	-	-	Vestibuloplasty; entire arch
40845	1,108.19	926.22	-	-	-	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
40899	-	-	I.C.	-	-	Unlisted procedure, vestibule of mouth
41000	124.63	85.34	-	-	-	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	175.13	98.77	-	-	-	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
41006	276.46	198.99	-	-	-	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
41007	276.51	189.84	-	-	-	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	285.59	203.10	-	-	-	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009	303.81	221.04	-	-	-	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41010	161.84	85.48	-	-	-	Incision of lingual frenum (frenotomy)
41015	333.29	259.45	-	-	-	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	332.80	265.36	-	-	-	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	335.86	266.47	-	-	-	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018	377.33	304.87	-	-	-	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41019	-	-	346.35	-	-	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
41100	130.60	83.23	-	-	-	Biopsy of tongue; anterior two-thirds
41105	131.81	85.27	-	-	-	Biopsy of tongue; posterior one-third
41108	114.50	69.35	-	-	-	Biopsy of floor of mouth
41110	165.29	101.76	-	-	-	Excision of lesion of tongue without closure
41112	256.78	193.80	-	-	-	Excision of lesion of tongue with closure; anterior two-thirds
41113	279.16	213.39	-	-	-	Excision of lesion of tongue with closure; posterior one-third
41114	-	-	483.21	-	-	Excision of lesion of tongue with closure; with local tongue flap
41115	189.72	114.75	-	-	-	Excision of lingual frenum (frenectomy)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
41116	255.13	169.30	-	-	-	Excision, lesion of floor of mouth
41120	-	-	815.71	-	-	Glossectomy; less than one-half tongue
41130	-	-	999.77	-	-	Glossectomy; hemiglossectomy
41135	-	-	1,633.81	-	-	Glossectomy; partial, with unilateral radical neck dissection
41140	-	-	1,674.05	-	-	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection
41145	-	-	2,101.96	-	-	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150	-	-	1,663.73	-	-	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153	-	-	1,802.77	-	-	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155	-	-	2,240.77	-	-	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
41250	185.37	110.13	-	-	-	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	193.53	125.26	-	-	-	Repair of laceration 2.5 cm or less; posterior one-third of tongue
41252	238.61	160.03	-	-	-	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
41500	-	-	352.99	-	-	Fixation of tongue, mechanical, other than suture (eg, K-wire)
41510	-	-	296.56	-	-	Suture of tongue to lip for micrognathia (Douglas type procedure)
41512	-	-	482.82	-	-	Tongue base suspension, permanent suture technique
41520	268.67	195.94	-	-	-	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41530	2,623.86	315.86	-	-	-	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
41599	-	-	I.C.	-	-	Unlisted procedure, tongue, floor of mouth
41800	192.55	106.16	-	-	-	Drainage of abscess, cyst, hematoma from dentoalveolar structures

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
41805	188.77	131.08	-	-	-	Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806	275.12	200.99	-	-	-	Removal of embedded foreign body from dentoalveolar structures; bone
41820	-	-	I.C.	-	-	Gingivectomy, excision gingiva, each quadrant
41821	-	-	I.C.	-	-	Operculectomy, excision pericoronal tissues
41822	221.26	135.15	-	-	-	Excision of fibrous tuberosities, dentoalveolar structures
41823	327.56	245.35	-	-	-	Excision of osseous tuberosities, dentoalveolar structures
41825	162.41	95.80	-	-	-	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826	231.29	158.56	-	-	-	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	333.10	232.49	-	-	-	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
41828	230.10	159.87	-	-	-	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	297.33	213.17	-	-	-	Alveolectomy, including curettage of osteitis or sequestrectomy
41850	-	-	I.C.	-	-	Destruction of lesion (except excision), dentoalveolar structures
41870	-	-	I.C.	-	-	Periodontal mucosal grafting
41872	283.51	203.81	-	-	-	Gingivoplasty, each quadrant (specify)
41874	282.31	192.02	-	-	-	Alveoloplasty, each quadrant (specify)
41899	-	-	I.C.	-	-	Unlisted procedure, dentoalveolar structures
42000	121.73	79.37	-	-	-	Drainage of abscess of palate, uvula
42100	115.68	83.63	-	-	-	Biopsy of palate, uvula
42104	165.28	106.20	-	-	-	Excision, lesion of palate, uvula; without closure
42106	207.63	136.84	-	-	-	Excision, lesion of palate, uvula; with simple primary closure
42107	352.06	262.89	-	-	-	Excision, lesion of palate, uvula; with local flap closure
42120	-	-	761.24	-	-	Resection of palate or extensive resection of lesion
42140	199.52	121.21	-	-	-	Uvulectomy, excision of uvula

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
42145	-	-	538.59	-	-	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	184.39	115.28	-	-	-	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
42180	179.31	134.45	-	-	-	Repair, laceration of palate; up to 2 cm
42182	247.95	197.79	-	-	-	Repair, laceration of palate; over 2 cm or complex
42200	-	-	658.37	-	-	Palatoplasty for cleft palate, soft and/or hard palate only
42205	-	-	721.29	-	-	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	-	-	788.91	-	-	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
42215	-	-	545.15	-	-	Palatoplasty for cleft palate; major revision
42220	-	-	403.60	-	-	Palatoplasty for cleft palate; secondary lengthening procedure
42225	-	-	708.62	-	-	Palatoplasty for cleft palate; attachment pharyngeal flap
42226	-	-	707.51	-	-	Lengthening of palate, and pharyngeal flap
42227	-	-	675.63	-	-	Lengthening of palate, with island flap
42235	-	-	574.43	-	-	Repair of anterior palate, including vomer flap
42260	625.87	504.09	-	-	-	Repair of nasolabial fistula
42280	124.49	82.68	-	-	-	Maxillary impression for palatal prosthesis
42281	158.37	116.57	-	-	-	Insertion of pin-retained palatal prosthesis
42299	-	-	I.C.	-	-	Unlisted procedure, palate, uvula
42300	162.17	117.31	-	-	-	Drainage of abscess; parotid, simple
42305	-	-	326.97	-	-	Drainage of abscess; parotid, complicated
42310	125.54	96.00	-	-	-	Drainage of abscess; submaxillary or sublingual, intraoral
42320	194.26	135.46	-	-	-	Drainage of abscess; submaxillary, external
42330	180.10	126.31	-	-	-	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
42335	289.86	198.18	-	-	-	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	358.54	257.93	-	-	-	Sialolithotomy; parotid, extraoral or complicated intraoral
42400	84.74	43.22	-	-	-	Biopsy of salivary gland; needle
42405	229.93	171.68	-	-	-	Biopsy of salivary gland; incisional
42408	351.88	250.72	-	-	-	Excision of sublingual salivary cyst (ranula)
42409	259.55	171.77	-	-	-	Marsupialization of sublingual salivary cyst (ranula)
42410	-	-	469.58	-	-	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415	-	-	838.23	-	-	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	-	-	958.74	-	-	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	-	-	634.57	-	-	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42426	-	-	1,021.30	-	-	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection
42440	-	-	354.06	-	-	Excision of submandibular (submaxillary) gland
42450	349.82	275.69	-	-	-	Excision of sublingual gland
42500	334.65	263.03	-	-	-	Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	427.54	347.28	-	-	-	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507	-	-	398.26	-	-	Parotid duct diversion, bilateral (Wilke type procedure);
42508	-	-	542.10	-	-	Parotid duct diversion, bilateral (Wilke type procedure); with excision of 1 submandibular gland
42509	-	-	618.21	-	-	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510	-	-	484.94	-	-	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
42550	108.66	46.79	-	-	-	Injection procedure for sialography
42600	374.45	269.11	-	-	-	Closure salivary fistula
42650	64.80	45.29	-	-	-	Dilation salivary duct
42660	82.06	59.21	-	-	-	Dilation and catheterization of salivary duct, with or without injection
42665	244.70	160.26	-	-	-	Ligation salivary duct, intraoral
42699	-	-	I.C.	-	-	Unlisted procedure, salivary glands or ducts
42700	147.52	105.16	-	-	-	Incision and drainage abscess; peritonsillar
42720	346.48	297.71	-	-	-	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
42725	-	-	615.52	-	-	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
42800	123.84	86.78	-	-	-	Biopsy; oropharynx
42802	187.76	104.99	-	-	-	Biopsy; hypopharynx
42804	158.48	89.37	-	-	-	Biopsy; nasopharynx, visible lesion, simple
42806	177.02	103.73	-	-	-	Biopsy; nasopharynx, survey for unknown primary lesion
42808	176.70	124.87	-	-	-	Excision or destruction of lesion of pharynx, any method
42809	131.12	99.35	-	-	-	Removal of foreign body from pharynx
42810	303.91	223.37	-	-	-	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	-	-	427.53	-	-	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42820	-	-	222.33	-	-	Tonsillectomy and adenoidectomy; younger than age 12
42821	-	-	231.57	-	-	Tonsillectomy and adenoidectomy; age 12 or over
42825	-	-	202.08	-	-	Tonsillectomy, primary or secondary; younger than age 12
42826	-	-	193.66	-	-	Tonsillectomy, primary or secondary; age 12 or over
42830	-	-	160.18	-	-	Adenoidectomy, primary; younger than age 12
42831	-	-	172.88	-	-	Adenoidectomy, primary; age 12 or over

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
42835	-	-	137.30	-	-	Adenoidectomy, secondary; younger than age 12
42836	-	-	186.00	-	-	Adenoidectomy, secondary; age 12 or over
42842	-	-	761.46	-	-	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844	-	-	1,050.17	-	-	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)
42845	-	-	1,688.86	-	-	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap
42860	-	-	145.95	-	-	Excision of tonsil tags
42870	-	-	453.88	-	-	Excision or destruction lingual tonsil, any method (separate procedure)
42890	-	-	1,073.82	-	-	Limited pharyngectomy
42892	-	-	1,413.31	-	-	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42894	-	-	1,787.82	-	-	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastamosis
42900	-	-	258.82	-	-	Suture pharynx for wound or injury
42950	-	-	619.27	-	-	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953	-	-	755.49	-	-	Pharyngoesophageal repair
42955	-	-	583.35	-	-	Pharyngostomy (fistulization of pharynx, external for feeding)
42960	-	-	129.68	-	-	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42961	-	-	323.20	-	-	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization
42962	-	-	397.11	-	-	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
42970	-	-	299.41	-	-	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery
42971	-	-	350.07	-	-	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization
42972	-	-	390.84	-	-	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention
42999	-	-	I.C.	-	-	Unlisted procedure, pharynx, adenoids, or tonsils
43020	-	-	402.80	-	-	Esophagotomy, cervical approach, with removal of foreign body
43030	-	-	394.56	-	-	Cricopharyngeal myotomy
43045	-	-	968.89	-	-	Esophagotomy, thoracic approach, with removal of foreign body
43100	-	-	473.63	-	-	Excision of lesion, esophagus, with primary repair; cervical approach
43101	-	-	748.39	-	-	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach
43107	-	-	1,867.81	-	-	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)
43108	-	-	3,304.13	-	-	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)
43112	-	-	1,976.33	-	-	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43113	-	-	3,270.05	-	-	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43116	-	-	3,792.67	-	-	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
43117	-	-	1,812.06	-	-	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)
43118	-	-	2,702.64	-	-	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43121	-	-	2,091.93	-	-	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty
43122	-	-	1,848.51	-	-	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty
43123	-	-	3,336.56	-	-	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43124	-	-	2,868.25	-	-	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43130	-	-	592.38	-	-	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
43135	-	-	1,096.00	-	-	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach
43200	170.11	79.26	-	-	-	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43201	232.83	97.40	-	-	-	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance
43202	223.35	86.52	-	-	-	Esophagoscopy, rigid or flexible; with biopsy, single or multiple
43204	-	-	166.60	-	-	Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices
43205	-	-	168.48	-	-	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices
43215	-	-	115.68	-	-	Esophagoscopy, rigid or flexible; with removal of foreign body
43216	158.77	107.78	-	-	-	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43217	296.64	127.77	-	-	-	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43219	-	-	128.78	-	-	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent
43220	-	-	95.59	-	-	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)
43226	-	-	106.42	-	-	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire
43227	-	-	157.66	-	-	Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43228	-	-	167.44	-	-	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43231	-	-	143.24	-	-	Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination
43232	-	-	196.79	-	-	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43234	220.21	90.35	-	-	-	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)
43235	232.19	109.30	-	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43236	288.31	132.25	-	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance
43237	-	-	177.13	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus
43238	-	-	220.69	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43239	268.71	128.81	-	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
43240	-	-	297.49	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst
43241	-	-	117.02	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement
43242	-	-	317.95	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate)
43243	-	-	201.01	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices
43244	-	-	222.20	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices
43245	-	-	141.14	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43246	-	-	188.42	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube
43247	-	-	150.53	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body
43248	-	-	142.00	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire
43249	-	-	130.93	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)
43250	-	-	141.44	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43251	-	-	163.79	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43255	-	-	212.36	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method
43256	-	-	191.23	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43257	-	-	238.81	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
43258	-	-	200.53	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43259	-	-	228.43	-	-	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate
43260	-	-	260.48	-	-	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43261	-	-	273.74	-	-	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43262	-	-	321.46	-	-	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
43263	-	-	316.90	-	-	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)
43264	-	-	385.78	-	-	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43265	-	-	432.52	-	-	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method
43267	-	-	320.07	-	-	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube
43268	-	-	326.20	-	-	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct
43269	-	-	356.07	-	-	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent
43271	-	-	321.18	-	-	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)
43272	-	-	321.46	-	-	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43273	-	-	96.01	-	-	Endoscopic cannulation of papilla with direct visualization of common bile duct(s) and/or pancreatic duct(s) (List separately in addition to code(s) for primary procedure)
43279	-	-	927.62	-	-	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
43280	-	-	774.74	-	-	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43281	-	-	1,141.64	-	-	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43282	-	-	1,281.78	-	-	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
43283	-	-	118.19	-	-	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)
43289	-	-	I.C.	-	-	Unlisted laparoscopy procedure, esophagus
43300	-	-	466.85	-	-	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
43305	-	-	827.08	-	-	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula
43310	-	-	1,105.50	-	-	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
43312	-	-	1,202.08	-	-	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula
43313	-	-	2,040.08	-	-	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula
43314	-	-	2,111.27	-	-	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula
43320	-	-	1,005.38	-	-	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach
43325	-	-	958.38	-	-	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)
43327	-	-	602.04	-	-	Esophagogastric fundoplasty partial or complete; laparotomy
43328	-	-	875.68	-	-	Esophagogastric fundoplasty partial or complete; thoracotomy
43330	-	-	944.19	-	-	Esophagomyotomy (Heller type); abdominal approach

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43331	-	-	1,002.63	-	-	Esophagomyotomy (Heller type); thoracic approach
43332	-	-	859.44	-	-	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis
43333	-	-	932.57	-	-	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis
43334	-	-	940.08	-	-	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis
43335	-	-	1,012.34	-	-	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis
43336	-	-	1,108.19	-	-	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis
43337	-	-	1,212.62	-	-	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis
43338	-	-	98.98	-	-	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)
43340	-	-	986.40	-	-	Esophagojejunostomy (without total gastrectomy); abdominal approach
43341	-	-	1,084.91	-	-	Esophagojejunostomy (without total gastrectomy); thoracic approach
43350	-	-	893.64	-	-	Esophagostomy, fistulization of esophagus, external; abdominal approach
43351	-	-	968.73	-	-	Esophagostomy, fistulization of esophagus, external; thoracic approach

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43352	-	-	794.35	-	-	Esophagostomy, fistulization of esophagus, external; cervical approach
43360	-	-	1,673.07	-	-	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty
43361	-	-	1,866.61	-	-	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43400	-	-	1,124.57	-	-	Ligation, direct, esophageal varices
43401	-	-	1,089.47	-	-	Transection of esophagus with repair, for esophageal varices
43405	-	-	1,101.04	-	-	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation
43410	-	-	764.01	-	-	Suture of esophageal wound or injury; cervical approach
43415	-	-	1,258.15	-	-	Suture of esophageal wound or injury; transthoracic or transabdominal approach
43420	-	-	758.16	-	-	Closure of esophagostomy or fistula; cervical approach
43425	-	-	1,106.50	-	-	Closure of esophagostomy or fistula; transthoracic or transabdominal approach
43450	122.20	67.58	-	-	-	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	235.61	72.86	-	-	-	Dilation of esophagus, over guide wire
43456	479.47	116.63	-	-	-	Dilation of esophagus, by balloon or dilator, retrograde
43458	303.68	136.47	-	-	-	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia
43460	-	-	166.12	-	-	Esophagogastric tamponade, with balloon (Sengstaken type)
43496	-	-	1,533.28	-	-	Free jejunum transfer with microvascular anastomosis
43499	-	-	I.C.	-	-	Unlisted procedure, esophagus

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43500	-	-	560.99	-	-	Gastrotomy; with exploration or foreign body removal
43501	-	-	957.46	-	-	Gastrotomy; with suture repair of bleeding ulcer
43502	-	-	1,083.21	-	-	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
43510	-	-	694.39	-	-	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
43520	-	-	501.28	-	-	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)
43605	-	-	599.29	-	-	Biopsy of stomach, by laparotomy
43610	-	-	698.99	-	-	Excision, local; ulcer or benign tumor of stomach
43611	-	-	870.31	-	-	Excision, local; malignant tumor of stomach
43620	-	-	1,403.30	-	-	Gastrectomy, total; with esophagoenterostomy
43621	-	-	1,609.51	-	-	Gastrectomy, total; with Roux-en-Y reconstruction
43622	-	-	1,632.28	-	-	Gastrectomy, total; with formation of intestinal pouch, any type
43631	-	-	1,034.04	-	-	Gastrectomy, partial, distal; with gastroduodenostomy
43632	-	-	1,432.80	-	-	Gastrectomy, partial, distal; with gastrojejunostomy
43633	-	-	1,358.49	-	-	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634	-	-	1,502.24	-	-	Gastrectomy, partial, distal; with formation of intestinal pouch
43635	-	-	79.94	-	-	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)
43640	-	-	839.32	-	-	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
43641	-	-	851.13	-	-	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43644	-	-	1,236.24	-	-	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645	-	-	1,320.28	-	-	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43647	-	-	I.C.	-	-	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
43648	-	-	I.C.	-	-	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
43651	-	-	467.19	-	-	Laparoscopy, surgical; transection of vagus nerves, truncal
43652	-	-	545.02	-	-	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
43653	-	-	407.67	-	-	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43659	-	-	I.C.	-	-	Unlisted laparoscopy procedure, stomach
43752	-	-	30.29	-	-	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
43753	-	-	15.07	-	-	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43754	62.63	23.90	-	-	-	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43755	94.47	43.19	-	-	-	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration
43756	175.63	39.35	-	-	-	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)
43757	224.83	56.23	-	-	-	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration
43760	326.74	36.36	-	-	-	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance
43761	89.33	77.35	-	-	-	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition
43770	-	-	798.61	-	-	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771	-	-	908.18	-	-	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	-	-	683.88	-	-	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	-	-	908.18	-	-	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43774	-	-	685.89	-	-	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43775	-	-	943.72	-	-	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
43800	-	-	663.32	-	-	Pyloroplasty
43810	-	-	721.72	-	-	Gastroduodenostomy
43820	-	-	947.31	-	-	Gastrojejunostomy; without vagotomy
43825	-	-	929.52	-	-	Gastrojejunostomy; with vagotomy, any type
43830	-	-	500.13	-	-	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43831	-	-	426.02	-	-	Gastrostomy, open; neonatal, for feeding
43832	-	-	754.41	-	-	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)
43840	-	-	960.15	-	-	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
43842	-	-	849.32	-	-	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty
43843	-	-	907.57	-	-	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical banded gastroplasty
43845	-	-	1,392.46	-	-	Gastric restrictive procedure with partial gastrectomy, pylorus preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	-	-	1,162.73	-	-	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux en Y gastroenterostomy
43847	-	-	1,275.17	-	-	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43848	-	-	1,374.69	-	-	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43850	-	-	1,153.83	-	-	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
43855	-	-	1,200.85	-	-	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy
43860	-	-	1,164.13	-	-	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865	-	-	1,214.11	-	-	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
43870	-	-	507.72	-	-	Closure of gastrostomy, surgical
43880	-	-	1,136.92	-	-	Closure of gastrocolic fistula
43881	-	-	I.C.	-	-	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
43882	-	-	I.C.	-	-	Revision or removal of gastric neurostimulator electrodes, antrum, open
43886	-	-	259.12	-	-	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	-	-	234.57	-	-	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	-	-	329.24	-	-	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
43999	-	-	I.C.	-	-	Unlisted procedure, stomach
44005	-	-	779.64	-	-	Enterolysis (freeing of intestinal adhesion) (separate procedure)
44010	-	-	618.02	-	-	Duodenotomy, for exploration, biopsy(s), or foreign body removal

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44015	-	-	102.50	-	-	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)
44020	-	-	693.03	-	-	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
44021	-	-	700.68	-	-	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)
44025	-	-	704.23	-	-	Colotomy, for exploration, biopsy(s), or foreign body removal
44050	-	-	666.15	-	-	Reduction of volvulus, intussusception, internal hernia, by laparotomy
44055	-	-	1,063.28	-	-	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)
44100	-	-	84.78	-	-	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)
44110	-	-	605.64	-	-	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy
44111	-	-	702.15	-	-	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies
44120	-	-	869.81	-	-	Enterectomy, resection of small intestine; single resection and anastomosis
44121	-	-	172.91	-	-	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44125	-	-	841.98	-	-	Enterectomy, resection of small intestine; with enterostomy
44126	-	-	1,746.54	-	-	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering
44127	-	-	2,020.89	-	-	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44128	-	-	173.75	-	-	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44130	-	-	928.43	-	-	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44132	-	-	I.C.	-	-	Donor enterectomy (including cold preservation), open; from cadaver donor
44133	-	-	I.C.	-	-	Donor enterectomy (including cold preservation), open; partial, from living donor
44135	-	-	I.C.	-	-	Intestinal allotransplantation; from cadaver donor
44136	-	-	I.C.	-	-	Intestinal allotransplantation; from living donor
44137	-	-	751.99	-	-	Removal of transplanted intestinal allograft, complete
44139	-	-	86.65	-	-	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44140	-	-	957.14	-	-	Colectomy, partial; with anastomosis
44141	-	-	1,295.78	-	-	Colectomy, partial; with skin level cecostomy or colostomy
44143	-	-	1,188.66	-	-	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144	-	-	1,257.60	-	-	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44145	-	-	1,186.24	-	-	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44146	-	-	1,510.10	-	-	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
44147	-	-	1,371.64	-	-	Colectomy, partial; abdominal and transanal approach

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44150	-	-	1,335.48	-	-	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44151	-	-	1,526.49	-	-	Colectomy, total, abdominal, without proctectomy; with continent ileostomy
44155	-	-	1,485.95	-	-	Colectomy, total, abdominal, with proctectomy; with ileostomy
44156	-	-	1,643.45	-	-	Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44157	-	-	1,552.05	-	-	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed
44158	-	-	1,587.95	-	-	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed
44160	-	-	885.54	-	-	Colectomy, partial, with removal of terminal ileum with ileocolostomy
44180	-	-	658.25	-	-	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44186	-	-	468.78	-	-	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44187	-	-	793.78	-	-	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44188	-	-	878.94	-	-	Laparoscopy, surgical, colostomy or skin level cecostomy
44202	-	-	990.14	-	-	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
44203	-	-	172.91	-	-	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)
44204	-	-	1,100.91	-	-	Laparoscopy, surgical; colectomy, partial, with anastomosis
44205	-	-	959.08	-	-	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44206	-	-	1,256.10	-	-	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)
44207	-	-	1,307.38	-	-	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)
44208	-	-	1,425.94	-	-	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy
44210	-	-	1,285.77	-	-	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
44211	-	-	1,599.37	-	-	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed
44212	-	-	1,476.74	-	-	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy
44213	-	-	135.31	-	-	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44227	-	-	1,193.32	-	-	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis
44238	-	-	I.C.	-	-	Unlisted laparoscopy procedure, intestine (except rectum)
44300	-	-	602.43	-	-	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)
44310	-	-	746.26	-	-	Ileostomy or jejunostomy, non-tube
44312	-	-	428.26	-	-	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44314	-	-	724.31	-	-	Revision of ileostomy; complicated (reconstruction in depth) (separate procedure)
44316	-	-	1,003.52	-	-	Continent ileostomy (Kock procedure) (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44320	-	-	857.74	-	-	Colostomy or skin level cecostomy;
44322	-	-	715.85	-	-	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)
44340	-	-	445.05	-	-	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44345	-	-	752.81	-	-	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346	-	-	844.38	-	-	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44360	-	-	118.78	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44361	-	-	130.58	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44363	-	-	155.15	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body
44364	-	-	166.34	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44365	-	-	148.56	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44366	-	-	195.56	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44369	-	-	199.80	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44370	-	-	216.24	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)
44372	-	-	191.19	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44373	-	-	154.22	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
44376	-	-	227.55	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44377	-	-	241.34	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44378	-	-	309.69	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44379	-	-	328.69	-	-	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44380	-	-	51.70	-	-	Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44382	-	-	62.59	-	-	Ileoscopy, through stoma; with biopsy, single or multiple
44383	-	-	126.89	-	-	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)
44385	198.52	78.97	-	-	-	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44386	275.08	93.94	-	-	-	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple
44388	271.67	123.70	-	-	-	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44389	311.69	138.35	-	-	-	Colonoscopy through stoma; with biopsy, single or multiple
44390	361.74	167.22	-	-	-	Colonoscopy through stoma; with removal of foreign body
44391	395.61	188.27	-	-	-	Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44392	339.66	162.98	-	-	-	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44393	391.56	207.64	-	-	-	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44394	392.05	191.40	-	-	-	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44397	-	-	206.63	-	-	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44500	-	-	18.18	-	-	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)
44602	-	-	995.20	-	-	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
44603	-	-	1,143.36	-	-	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
44604	-	-	753.44	-	-	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44605	-	-	933.83	-	-	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy
44615	-	-	769.23	-	-	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
44620	-	-	619.08	-	-	Closure of enterostomy, large or small intestine;
44625	-	-	728.54	-	-	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal
44626	-	-	1,145.71	-	-	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)
44640	-	-	1,001.86	-	-	Closure of intestinal cutaneous fistula
44650	-	-	1,037.03	-	-	Closure of enteroenteric or enterocolic fistula
44660	-	-	981.18	-	-	Closure of enterovesical fistula; without intestinal or bladder resection
44661	-	-	1,118.52	-	-	Closure of enterovesical fistula; with intestine and/or bladder resection
44680	-	-	763.64	-	-	Intestinal plication (separate procedure)
44700	-	-	729.14	-	-	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44701	-	-	119.69	-	-	Intraoperative colonic lavage (List separately in addition to code for primary procedure)
44715	-	-	I.C.	-	-	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
44720	-	-	186.61	-	-	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each
44721	-	-	275.53	-	-	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
44799	-	-	I.C.	-	-	Unlisted procedure, intestine
44800	-	-	546.72	-	-	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
44820	-	-	600.74	-	-	Excision of lesion of mesentery (separate procedure)
44850	-	-	534.05	-	-	Suture of mesentery (separate procedure)
44899	-	-	I.C.	-	-	Unlisted procedure, Meckel's diverticulum and the mesentery
44900	-	-	550.75	-	-	Incision and drainage of appendiceal abscess; open
44901	758.01	126.53	-	-	-	Incision and drainage of appendiceal abscess; percutaneous
44950	-	-	458.40	-	-	Appendectomy;
44955	-	-	60.06	-	-	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
44960	-	-	622.06	-	-	Appendectomy; for ruptured appendix with abscess or generalized peritonitis
44970	-	-	427.70	-	-	Laparoscopy, surgical, appendectomy
44979	-	-	I.C.	-	-	Unlisted laparoscopy procedure, appendix
45000	-	-	304.23	-	-	Transrectal drainage of pelvic abscess

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
45005	196.95	114.18	-	-	-	Incision and drainage of submucosal abscess, rectum
45020	-	-	404.14	-	-	Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess
45100	-	-	214.52	-	-	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45108	-	-	262.00	-	-	Anorectal myomectomy
45110	-	-	1,326.05	-	-	Proctectomy; complete, combined abdominoperineal, with colostomy
45111	-	-	779.83	-	-	Proctectomy; partial resection of rectum, transabdominal approach
45112	-	-	1,348.86	-	-	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
45113	-	-	1,409.28	-	-	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
45114	-	-	1,285.84	-	-	Proctectomy, partial, with anastomosis; abdominal and transsacral approach
45116	-	-	1,126.74	-	-	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)
45119	-	-	1,395.71	-	-	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J pouch), with diverting enterostomy when performed
45120	-	-	1,129.28	-	-	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)
45121	-	-	1,232.39	-	-	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies
45123	-	-	797.28	-	-	Proctectomy, partial, without anastomosis, perineal approach

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
45126	-	-	2,075.22	-	-	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof
45130	-	-	777.80	-	-	Excision of rectal procidentia, with anastomosis; perineal approach
45135	-	-	972.18	-	-	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach
45136	-	-	1,304.31	-	-	Excision of ileoanal reservoir with ileostomy
45150	-	-	288.53	-	-	Division of stricture of rectum
45160	-	-	719.46	-	-	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
45171	-	-	448.55	-	-	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)
45172	-	-	606.92	-	-	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)
45190	-	-	493.19	-	-	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
45300	89.03	38.31	-	-	-	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45303	712.18	65.09	-	-	-	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)
45305	142.65	57.09	-	-	-	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	158.46	73.18	-	-	-	Proctosigmoidoscopy, rigid; with removal of foreign body
45308	150.18	62.39	-	-	-	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
45309	160.03	68.34	-	-	-	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45315	176.48	79.50	-	-	-	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	169.06	84.35	-	-	-	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	165.04	78.93	-	-	-	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
45321	-	-	78.29	-	-	Proctosigmoidoscopy, rigid; with decompression of volvulus
45327	-	-	92.70	-	-	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)
45330	108.04	47.01	-	-	-	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45331	134.84	57.09	-	-	-	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	225.66	82.70	-	-	-	Sigmoidoscopy, flexible; with removal of foreign body
45333	228.17	82.42	-	-	-	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	-	-	123.19	-	-	Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45335	199.84	69.14	-	-	-	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	-	-	106.25	-	-	Sigmoidoscopy, flexible; with decompression of volvulus, any method

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
45338	248.45	106.05	-	-	-	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45339	258.52	139.80	-	-	-	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45340	363.15	86.70	-	-	-	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures
45341	-	-	118.19	-	-	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	-	-	179.94	-	-	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45345	-	-	130.95	-	-	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
45355	-	-	151.07	-	-	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	305.64	162.12	-	-	-	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	390.26	202.71	-	-	-	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
45380	365.44	194.61	-	-	-	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45381	356.38	184.72	-	-	-	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance
45382	479.39	248.37	-	-	-	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
45383	436.00	250.12	-	-	-	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	360.03	202.30	-	-	-	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	410.37	230.62	-	-	-	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	518.85	198.65	-	-	-	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures
45387	-	-	258.61	-	-	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)
45391	-	-	222.02	-	-	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination
45392	-	-	284.50	-	-	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45395	-	-	1,429.50	-	-	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
45397	-	-	1,542.67	-	-	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J pouch), with diverting enterostomy, when performed
45400	-	-	825.41	-	-	Laparoscopy, surgical; proctopexy (for prolapse)
45402	-	-	1,095.23	-	-	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection
45499	-	-	I.C.	-	-	Unlisted laparoscopy procedure, rectum
45500	-	-	374.51	-	-	Proctoplasty; for stenosis

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
45505	-	-	419.28	-	-	Proctoplasty; for prolapse of mucous membrane
45520	109.92	29.10	-	-	-	Perirectal injection of sclerosing solution for prolapse
45540	-	-	756.43	-	-	Proctopexy (eg, for prolapse); abdominal approach
45541	-	-	663.55	-	-	Proctopexy (eg, for prolapse); perineal approach
45550	-	-	1,046.42	-	-	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach
45560	-	-	510.98	-	-	Repair of rectocele (separate procedure)
45562	-	-	800.76	-	-	Exploration, repair, and presacral drainage for rectal injury;
45563	-	-	1,167.53	-	-	Exploration, repair, and presacral drainage for rectal injury; with colostomy
45800	-	-	874.64	-	-	Closure of rectovesical fistula;
45805	-	-	1,036.56	-	-	Closure of rectovesical fistula; with colostomy
45820	-	-	855.50	-	-	Closure of rectourethral fistula;
45825	-	-	1,050.49	-	-	Closure of rectourethral fistula; with colostomy
45900	-	-	144.62	-	-	Reduction of procidentia (separate procedure) under anesthesia
45905	-	-	122.45	-	-	Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910	-	-	142.81	-	-	Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	238.17	162.65	-	-	-	Removal of fecal impaction or foreign body (separate procedure) under anesthesia
45990	-	-	77.74	-	-	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
45999	-	-	I.C.	-	-	Unlisted procedure, rectum
46020	196.04	167.06	-	-	-	Placement of seton
46030	99.97	64.86	-	-	-	Removal of anal seton, other marker
46040	381.30	295.74	-	-	-	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
46045	-	-	306.72	-	-	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
46050	144.26	69.85	-	-	-	Incision and drainage, perianal abscess, superficial
46060	-	-	337.13	-	-	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46070	-	-	168.23	-	-	Incision, anal septum (infant)
46080	177.92	114.11	-	-	-	Sphincterotomy, anal, division of sphincter (separate procedure)
46083	131.79	78.00	-	-	-	Incision of thrombosed hemorrhoid, external
46200	312.87	231.50	-	-	-	Fissurectomy, including sphincterotomy, when performed
46220	149.03	85.49	-	-	-	Excision of single external papilla or tag, anus
46221	192.91	137.18	-	-	-	Hemorrhoidectomy, internal, by rubber band ligation(s)
46230	197.16	123.87	-	-	-	Excision of multiple external papillae or tags, anus
46250	331.81	224.52	-	-	-	Hemorrhoidectomy, external, 2 or more columns/groups
46255	363.67	252.20	-	-	-	Hemorrhoidectomy, internal and external, single column/group;
46257	-	-	299.33	-	-	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy
46258	-	-	331.86	-	-	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed
46260	-	-	336.64	-	-	Hemorrhoidectomy, internal and external, 2 or more columns/groups;
46261	-	-	375.78	-	-	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy
46262	-	-	393.16	-	-	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed
46270	361.58	277.70	-	-	-	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
46275	380.65	293.71	-	-	-	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric
46280	-	-	332.23	-	-	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed
46285	374.07	291.58	-	-	-	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46288	-	-	388.70	-	-	Closure of anal fistula with rectal advancement flap
46320	131.65	79.25	-	-	-	Excision of thrombosed hemorrhoid, external
46500	168.06	93.10	-	-	-	Injection of sclerosing solution, hemorrhoids
46505	206.90	172.34	-	-	-	Chemodenervation of internal anal sphincter
46600	64.68	29.01	-	-	-	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
46604	442.57	47.96	-	-	-	Anoscopy; with dilation (eg, balloon, guide wire, bougie)
46606	167.63	55.04	-	-	-	Anoscopy; with biopsy, single or multiple
46608	172.74	58.21	-	-	-	Anoscopy; with removal of foreign body
46610	169.75	58.56	-	-	-	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46611	131.04	59.42	-	-	-	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique
46612	200.06	68.80	-	-	-	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46614	95.91	47.98	-	-	-	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
46615	107.45	68.71	-	-	-	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
46700	-	-	464.13	-	-	Anoplasty, plastic operation for stricture; adult
46705	-	-	356.44	-	-	Anoplasty, plastic operation for stricture; infant
46706	-	-	120.91	-	-	Repair of anal fistula with fibrin glue
46707	-	-	352.50	-	-	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
46710	-	-	783.00	-	-	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach
46712	-	-	1,485.28	-	-	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach
46715	-	-	357.05	-	-	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
46716	-	-	850.31	-	-	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
46730	-	-	1,295.75	-	-	Repair of high imperforate anus without fistula; perineal or sacroperineal approach
46735	-	-	1,499.70	-	-	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches
46740	-	-	1,517.42	-	-	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
46742	-	-	1,768.06	-	-	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches
46744	-	-	2,431.63	-	-	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
46746	-	-	2,604.95	-	-	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;
46748	-	-	2,760.11	-	-	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps
46750	-	-	549.09	-	-	Sphincteroplasty, anal, for incontinence or prolapse; adult
46751	-	-	446.22	-	-	Sphincteroplasty, anal, for incontinence or prolapse; child
46753	-	-	418.18	-	-	Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754	216.08	164.53	-	-	-	Removal of Thiersch wire or suture, anal canal
46760	-	-	778.25	-	-	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761	-	-	668.27	-	-	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
46762	-	-	660.54	-	-	Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter
46900	175.80	100.84	-	-	-	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46910	182.95	96.84	-	-	-	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46916	176.92	108.09	-	-	-	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46917	354.43	97.21	-	-	-	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
46922	193.73	97.31	-	-	-	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46924	401.85	133.49	-	-	-	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
46930	158.60	112.90	-	-	-	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)
46940	163.23	105.26	-	-	-	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
46942	153.20	94.40	-	-	-	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
46945	220.22	163.37	-	-	-	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group
46946	227.87	164.34	-	-	-	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups
46947	-	-	272.34	-	-	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
46999	-	-	I.C.	-	-	Unlisted procedure, anus
47000	274.04	72.27	-	-	-	Biopsy of liver, needle; percutaneous
47001	-	-	73.93	-	-	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
47010	-	-	858.13	-	-	Hepatotomy; for open drainage of abscess or cyst, 1 or 2 stages
47011	-	-	138.73	-	-	Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages
47015	-	-	825.47	-	-	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)
47100	-	-	603.10	-	-	Biopsy of liver, wedge
47120	-	-	1,658.80	-	-	Hepatectomy, resection of liver; partial lobectomy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
47122	-	-	2,441.36	-	-	Hepatectomy, resection of liver; trisegmentectomy
47125	-	-	2,187.74	-	-	Hepatectomy, resection of liver; total left lobectomy
47130	-	-	2,347.51	-	-	Hepatectomy, resection of liver; total right lobectomy
47133	-	-	I.C.	-	-	Donor hepatectomy (including cold preservation), from cadaver donor
47135	-	-	3,484.59	-	-	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47136	-	-	2,959.38	-	-	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age
47140	-	-	2,536.12	-	-	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
47141	-	-	2,814.71	-	-	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
47142	-	-	3,342.84	-	-	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)
47143	-	-	I.C.	-	-	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
47144	-	-	I.C.	-	-	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])
47145	-	-	I.C.	-	-	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])
47146	-	-	234.99	-	-	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
47147	-	-	274.05	-	-	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each
47300	-	-	807.57	-	-	Marsupialization of cyst or abscess of liver
47350	-	-	978.40	-	-	Management of liver hemorrhage; simple suture of liver wound or injury
47360	-	-	1,333.72	-	-	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
47361	-	-	2,149.17	-	-	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver
47362	-	-	1,025.82	-	-	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing
47370	-	-	884.29	-	-	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
47371	-	-	902.02	-	-	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical
47379	-	-	I.C.	-	-	Unlisted laparoscopic procedure, liver
47380	-	-	1,028.96	-	-	Ablation, open, of 1 or more liver tumor(s); radiofrequency
47381	-	-	1,021.91	-	-	Ablation, open, of 1 or more liver tumor(s); cryosurgical
47382	3,729.14	594.86	-	-	-	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency
47399	-	-	I.C.	-	-	Unlisted procedure, liver
47400	-	-	1,532.35	-	-	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus
47420	-	-	956.67	-	-	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty
47425	-	-	970.97	-	-	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty
47460	-	-	913.45	-	-	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)
47480	-	-	622.20	-	-	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
47490	-	-	278.05	-	-	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation
47500	-	-	73.73	-	-	Injection procedure for percutaneous transhepatic cholangiography
47505	-	-	28.33	-	-	Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)
47510	-	-	360.82	-	-	Introduction of percutaneous transhepatic catheter for biliary drainage
47511	-	-	442.93	-	-	Introduction of percutaneous transhepatic stent for internal and external biliary drainage
47525	414.98	73.87	-	-	-	Change of percutaneous biliary drainage catheter
47530	1,159.89	271.47	-	-	-	Revision and/or reinsertion of transhepatic tube
47550	-	-	118.49	-	-	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)
47552	-	-	239.02	-	-	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure)
47553	-	-	238.17	-	-	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
47554	-	-	362.42	-	-	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi
47555	-	-	283.16	-	-	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent
47556	-	-	321.02	-	-	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent
47560	-	-	191.91	-	-	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
47561	-	-	210.45	-	-	Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy
47562	-	-	533.75	-	-	Laparoscopy, surgical; cholecystectomy
47563	-	-	539.71	-	-	Laparoscopy, surgical; cholecystectomy with cholangiography
47564	-	-	616.69	-	-	Laparoscopy, surgical; cholecystectomy with exploration of common duct
47570	-	-	552.73	-	-	Laparoscopy, surgical; cholecystoenterostomy
47579	-	-	I.C.	-	-	Unlisted laparoscopy procedure, biliary tract
47600	-	-	768.65	-	-	Cholecystectomy;
47605	-	-	700.04	-	-	Cholecystectomy; with cholangiography
47610	-	-	893.12	-	-	Cholecystectomy with exploration of common duct;
47612	-	-	902.46	-	-	Cholecystectomy with exploration of common duct; with choledochoenterostomy
47620	-	-	980.16	-	-	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
47630	-	-	414.59	-	-	Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)
47700	-	-	751.63	-	-	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography
47701	-	-	1,258.39	-	-	Portoenterostomy (eg, Kasai procedure)
47711	-	-	1,110.78	-	-	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic
47712	-	-	1,420.26	-	-	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic
47715	-	-	943.76	-	-	Excision of choledochal cyst
47720	-	-	815.94	-	-	Cholecystoenterostomy; direct

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
47721	-	-	961.55	-	-	Cholecystoenterostomy; with gastroenterostomy
47740	-	-	930.63	-	-	Cholecystoenterostomy; Roux-en-Y
47741	-	-	1,048.34	-	-	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy
47760	-	-	1,591.94	-	-	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract
47765	-	-	2,131.59	-	-	Anastomosis, of intrahepatic ducts and gastrointestinal tract
47780	-	-	1,743.34	-	-	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
47785	-	-	2,281.40	-	-	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract
47800	-	-	1,125.20	-	-	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis
47801	-	-	759.97	-	-	Placement of choledochal stent
47802	-	-	1,084.89	-	-	U-tube hepaticoenterostomy
47900	-	-	971.71	-	-	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)
47999	-	-	I.C.	-	-	Unlisted procedure, biliary tract
48000	-	-	1,323.16	-	-	Placement of drains, peripancreatic, for acute pancreatitis;
48001	-	-	1,641.71	-	-	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy
48020	-	-	838.35	-	-	Removal of pancreatic calculus
48100	-	-	633.08	-	-	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
48102	422.07	184.36	-	-	-	Biopsy of pancreas, percutaneous needle
48105	-	-	2,027.18	-	-	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis
48120	-	-	788.09	-	-	Excision of lesion of pancreas (eg, cyst, adenoma)
48140	-	-	1,111.93	-	-	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
48145	-	-	1,158.62	-	-	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy
48146	-	-	1,333.26	-	-	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
48148	-	-	885.50	-	-	Excision of ampulla of Vater
48150	-	-	2,209.37	-	-	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy
48152	-	-	2,053.47	-	-	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy
48153	-	-	2,206.12	-	-	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy
48154	-	-	2,059.96	-	-	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy
48155	-	-	1,292.16	-	-	Pancreatectomy, total
48160	-	-	I.C.	-	-	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
48400	-	-	76.54	-	-	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)
48500	-	-	817.25	-	-	Marsupialization of pancreatic cyst
48510	-	-	774.65	-	-	External drainage, pseudocyst of pancreas; open
48511	754.62	150.17	-	-	-	External drainage, pseudocyst of pancreas; percutaneous
48520	-	-	778.83	-	-	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
48540	-	-	921.61	-	-	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y
48545	-	-	952.41	-	-	Pancreatorrhaphy for injury
48547	-	-	1,270.53	-	-	Duodenal exclusion with gastrojejunostomy for pancreatic injury
48548	-	-	1,184.85	-	-	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)
48550	-	-	I.C.	-	-	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
48551	-	-	I.C.	-	-	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
48552	-	-	168.97	-	-	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
48554	-	-	1,828.60	-	-	Transplantation of pancreatic allograft
48556	-	-	904.58	-	-	Removal of transplanted pancreatic allograft
48999	-	-	I.C.	-	-	Unlisted procedure, pancreas
49000	-	-	552.63	-	-	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49002	-	-	740.06	-	-	Reopening of recent laparotomy
49010	-	-	680.44	-	-	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
49020	-	-	1,136.11	-	-	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open
49021	720.20	126.34	-	-	-	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous
49040	-	-	715.71	-	-	Drainage of subdiaphragmatic or subphrenic abscess; open

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
49041	739.85	149.89	-	-	-	Drainage of subdiaphragmatic or subphrenic abscess; percutaneous
49060	-	-	792.78	-	-	Drainage of retroperitoneal abscess; open
49061	725.16	138.55	-	-	-	Drainage of retroperitoneal abscess; percutaneous
49062	-	-	537.83	-	-	Drainage of extraperitoneal lymphocele to peritoneal cavity, open
49082	123.50	50.49	-	-	-	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
49083	233.86	77.55	-	-	-	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance
49084	-	-	70.43	-	-	Peritoneal lavage, including imaging guidance, when performed
49180	126.78	64.91	-	-	-	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49203	-	-	858.25	-	-	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
49204	-	-	1,090.56	-	-	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter
49205	-	-	1,249.28	-	-	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter
49215	-	-	1,575.74	-	-	Excision of presacral or sacrococcygeal tumor
49220	-	-	693.86	-	-	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)
49250	-	-	418.83	-	-	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
49255	-	-	566.12	-	-	Omentectomy, epiploectomy, resection of omentum (separate procedure)
49320	-	-	236.58	-	-	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321	-	-	250.15	-	-	Laparoscopy, surgical; with biopsy (single or multiple)
49322	-	-	268.68	-	-	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49323	-	-	464.50	-	-	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
49324	-	-	283.79	-	-	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter
49325	-	-	303.22	-	-	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
49326	-	-	135.03	-	-	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)
49327	-	-	95.21	-	-	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
49329	-	-	I.C.	-	-	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49400	120.18	71.42	-	-	-	Injection of air or contrast into peritoneal cavity (separate procedure)
49402	-	-	611.59	-	-	Removal of peritoneal foreign body from peritoneal cavity

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
49411	410.80	144.95	-	-	-	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
49412	-	-	59.42	-	-	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
49418	1,224.67	171.27	-	-	-	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous
49419	-	-	321.90	-	-	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)
49421	-	-	197.82	-	-	Insertion of tunneled intraperitoneal catheter for dialysis, open
49422	-	-	276.75	-	-	Removal of tunneled intraperitoneal catheter
49423	461.44	55.68	-	-	-	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)
49424	121.41	29.45	-	-	-	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
49425	-	-	545.34	-	-	Insertion of peritoneal-venous shunt
49426	-	-	461.44	-	-	Revision of peritoneal-venous shunt
49427	-	-	33.99	-	-	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
49428	-	-	314.47	-	-	Ligation of peritoneal-venous shunt
49429	-	-	329.65	-	-	Removal of peritoneal-venous shunt

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
49435	-	-	85.37	-	-	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
49436	-	-	135.01	-	-	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
49440	874.22	170.28	-	-	-	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49441	968.20	193.48	-	-	-	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49442	813.20	160.54	-	-	-	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49446	811.55	124.61	-	-	-	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49450	583.31	50.20	-	-	-	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49451	588.60	69.99	-	-	-	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49452	729.41	107.96	-	-	-	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
49460	645.99	36.24	-	-	-	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report
49465	139.11	23.18	-	-	-	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report
49491	-	-	562.60	-	-	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible
49492	-	-	680.23	-	-	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated
49495	-	-	289.06	-	-	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible
49496	-	-	439.87	-	-	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated
49500	-	-	275.52	-	-	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
49501	-	-	430.35	-	-	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated
49505	-	-	371.40	-	-	Repair initial inguinal hernia, age 5 years or older; reducible
49507	-	-	455.04	-	-	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated
49520	-	-	450.71	-	-	Repair recurrent inguinal hernia, any age; reducible
49521	-	-	545.65	-	-	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525	-	-	408.90	-	-	Repair inguinal hernia, sliding, any age
49540	-	-	482.69	-	-	Repair lumbar hernia
49550	-	-	411.19	-	-	Repair initial femoral hernia, any age; reducible
49553	-	-	450.13	-	-	Repair initial femoral hernia, any age; incarcerated or strangulated
49555	-	-	426.81	-	-	Repair recurrent femoral hernia; reducible
49557	-	-	516.43	-	-	Repair recurrent femoral hernia; incarcerated or strangulated
49560	-	-	526.20	-	-	Repair initial incisional or ventral hernia; reducible
49561	-	-	662.49	-	-	Repair initial incisional or ventral hernia; incarcerated or strangulated
49565	-	-	547.95	-	-	Repair recurrent incisional or ventral hernia; reducible
49566	-	-	669.55	-	-	Repair recurrent incisional or ventral hernia; incarcerated or strangulated
49568	-	-	190.99	-	-	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)
49570	-	-	296.95	-	-	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
49572	-	-	366.53	-	-	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
49580	-	-	236.71	-	-	Repair umbilical hernia, younger than age 5 years; reducible
49582	-	-	343.14	-	-	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated
49585	-	-	317.26	-	-	Repair umbilical hernia, age 5 years or older; reducible
49587	-	-	373.62	-	-	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated
49590	-	-	408.26	-	-	Repair spigelian hernia
49600	-	-	524.21	-	-	Repair of small omphalocele, with primary closure
49605	-	-	3,539.62	-	-	Repair of large omphalocele or gastroschisis; with or without prosthesis
49606	-	-	807.10	-	-	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
49610	-	-	491.91	-	-	Repair of omphalocele (Gross type operation); first stage
49611	-	-	408.71	-	-	Repair of omphalocele (Gross type operation); second stage
49650	-	-	305.66	-	-	Laparoscopy, surgical; repair initial inguinal hernia
49651	-	-	397.17	-	-	Laparoscopy, surgical; repair recurrent inguinal hernia
49652	-	-	534.44	-	-	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible
49653	-	-	669.20	-	-	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated
49654	-	-	613.14	-	-	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible
49655	-	-	737.77	-	-	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
49656	-	-	615.28	-	-	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible
49657	-	-	883.18	-	-	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
49659	-	-	I.C.	-	-	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
49900	-	-	586.45	-	-	Suture, secondary, of abdominal wall for evisceration or dehiscence
49904	-	-	1,068.73	-	-	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)
49905	-	-	253.46	-	-	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
49906	-	-	I.C.	-	-	Free omental flap with microvascular anastomosis
49999	-	-	I.C.	-	-	Unlisted procedure, abdomen, peritoneum and omentum
50010	-	-	551.05	-	-	Renal exploration, not necessitating other specific procedures
50020	-	-	782.46	-	-	Drainage of perirenal or renal abscess; open
50021	761.73	126.06	-	-	-	Drainage of perirenal or renal abscess; percutaneous
50040	-	-	707.38	-	-	Nephrostomy, nephrotomy with drainage
50045	-	-	709.76	-	-	Nephrotomy, with exploration
50060	-	-	871.03	-	-	Nephrolithotomy; removal of calculus
50065	-	-	916.45	-	-	Nephrolithotomy; secondary surgical operation for calculus
50070	-	-	908.23	-	-	Nephrolithotomy; complicated by congenital kidney abnormality
50075	-	-	1,114.76	-	-	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)
50080	-	-	666.98	-	-	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm

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50081	-	-	977.33	-	-	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50100	-	-	723.34	-	-	Transection or repositioning of aberrant renal vessels (separate procedure)
50120	-	-	723.28	-	-	Pyelotomy; with exploration
50125	-	-	771.30	-	-	Pyelotomy; with drainage, pyelostomy
50130	-	-	791.14	-	-	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)
50135	-	-	856.09	-	-	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)
50200	462.35	108.98	-	-	-	Renal biopsy; percutaneous, by trocar or needle
50205	-	-	542.60	-	-	Renal biopsy; by surgical exposure of kidney
50220	-	-	790.69	-	-	Nephrectomy, including partial ureterectomy, any open approach including rib resection;
50225	-	-	908.19	-	-	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney
50230	-	-	976.56	-	-	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy
50234	-	-	992.50	-	-	Nephrectomy with total ureterectomy and bladder cuff; through same incision
50236	-	-	1,121.35	-	-	Nephrectomy with total ureterectomy and bladder cuff; through separate incision
50240	-	-	1,011.61	-	-	Nephrectomy, partial
50250	-	-	934.74	-	-	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed
50280	-	-	727.70	-	-	Excision or unroofing of cyst(s) of kidney

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50290	-	-	694.56	-	-	Excision of perinephric cyst
50300	-	-	I.C.	-	-	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
50320	-	-	1,042.04	-	-	Donor nephrectomy (including cold preservation); open, from living donor
50323	-	-	I.C.	-	-	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50325	-	-	I.C.	-	-	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50327	-	-	155.86	-	-	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each
50328	-	-	136.43	-	-	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each
50329	-	-	129.32	-	-	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each
50340	-	-	675.95	-	-	Recipient nephrectomy (separate procedure)
50360	-	-	1,835.44	-	-	Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365	-	-	2,062.72	-	-	Renal allotransplantation, implantation of graft; with recipient nephrectomy
50370	-	-	859.12	-	-	Removal of transplanted renal allograft
50380	-	-	1,458.70	-	-	Renal autotransplantation, reimplantation of kidney

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50382	1,025.91	208.83	-	-	-	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50384	855.06	189.58	-	-	-	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50385	1,006.48	179.37	-	-	-	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
50386	654.13	135.80	-	-	-	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
50387	477.94	75.53	-	-	-	Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation
50389	265.92	41.30	-	-	-	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
50390	-	-	73.36	-	-	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
50391	97.14	75.68	-	-	-	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)
50392	-	-	136.38	-	-	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous
50393	-	-	165.75	-	-	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50394	82.68	38.65	-	-	-	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50395	-	-	137.86	-	-	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous
50396	-	-	89.14	-	-	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50398	434.41	55.68	-	-	-	Change of nephrostomy or pyelostomy tube
50400	-	-	882.67	-	-	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple
50405	-	-	1,064.46	-	-	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycoplasty)
50500	-	-	920.91	-	-	Nephrorrhaphy, suture of kidney wound or injury
50520	-	-	788.23	-	-	Closure of nephrocutaneous or pyelocutaneous fistula
50525	-	-	1,073.50	-	-	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
50526	-	-	1,053.49	-	-	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach
50540	-	-	867.23	-	-	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)
50541	-	-	703.29	-	-	Laparoscopy, surgical; ablation of renal cysts

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50542	-	-	893.49	-	-	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
50543	-	-	1,138.66	-	-	Laparoscopy, surgical; partial nephrectomy
50544	-	-	953.01	-	-	Laparoscopy, surgical; pyeloplasty
50545	-	-	1,025.39	-	-	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
50546	-	-	916.50	-	-	Laparoscopy, surgical; nephrectomy, including partial ureterectomy
50547	-	-	1,168.49	-	-	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
50548	-	-	1,030.06	-	-	Laparoscopy, surgical; nephrectomy with total ureterectomy
50549	-	-	I.C.	-	-	Unlisted laparoscopy procedure, renal
50551	282.44	225.59	-	-	-	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50553	299.21	240.13	-	-	-	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50555	321.95	260.92	-	-	-	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50557	327.94	264.68	-	-	-	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50561	372.13	302.18	-	-	-	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50562	-	-	446.26	-	-	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor
50570	-	-	375.76	-	-	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50572	-	-	407.02	-	-	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50574	-	-	432.61	-	-	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50575	-	-	545.97	-	-	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)
50576	-	-	431.24	-	-	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50580	-	-	463.07	-	-	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50590	681.06	434.43	-	-	-	Lithotripsy, extracorporeal shock wave
50592	2,797.72	275.41	-	-	-	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency
50593	3,850.01	356.79	-	-	-	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy
50600	-	-	715.07	-	-	Ureterotomy with exploration or drainage (separate procedure)
50605	-	-	719.71	-	-	Ureterotomy for insertion of indwelling stent, all types
50610	-	-	722.86	-	-	Ureterolithotomy; upper one-third of ureter
50620	-	-	691.68	-	-	Ureterolithotomy; middle one-third of ureter
50630	-	-	677.34	-	-	Ureterolithotomy; lower one-third of ureter
50650	-	-	791.04	-	-	Ureterectomy, with bladder cuff (separate procedure)
50660	-	-	871.14	-	-	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach
50684	120.30	38.65	-	-	-	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter
50686	113.64	71.56	-	-	-	Manometric studies through ureterostomy or indwelling ureteral catheter
50688	-	-	62.02	-	-	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit
50690	77.31	53.62	-	-	-	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service
50700	-	-	706.05	-	-	Ureteroplasty, plastic operation on ureter (eg, stricture)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50715	-	-	869.47	-	-	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
50722	-	-	770.25	-	-	Ureterolysis for ovarian vein syndrome
50725	-	-	858.45	-	-	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava
50727	-	-	389.07	-	-	Revision of urinary cutaneous anastomosis (any type urostomy);
50728	-	-	530.19	-	-	Revision of urinary cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia
50740	-	-	877.67	-	-	Ureteropyelostomy, anastomosis of ureter and renal pelvis
50750	-	-	883.69	-	-	Ureterocalycostomy, anastomosis of ureter to renal calyx
50760	-	-	847.16	-	-	Ureteroureterostomy
50770	-	-	865.02	-	-	Transureteroureterostomy, anastomosis of ureter to contralateral ureter
50780	-	-	838.15	-	-	Ureteroneocystostomy; anastomosis of single ureter to bladder
50782	-	-	855.30	-	-	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder
50783	-	-	870.64	-	-	Ureteroneocystostomy; with extensive ureteral tailoring
50785	-	-	922.90	-	-	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap
50800	-	-	706.79	-	-	Ureteroenterostomy, direct anastomosis of ureter to intestine
50810	-	-	973.68	-	-	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
50815	-	-	933.11	-	-	Ureterocolon conduit, including intestine anastomosis
50820	-	-	999.09	-	-	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)
50825	-	-	1,261.55	-	-	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50830	-	-	1,363.95	-	-	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
50840	-	-	939.69	-	-	Replacement of all or part of ureter by intestine segment, including intestine anastomosis
50845	-	-	955.04	-	-	Cutaneous appendico-vesicostomy
50860	-	-	720.79	-	-	Ureterostomy, transplantation of ureter to skin
50900	-	-	642.98	-	-	Ureterorrhaphy, suture of ureter (separate procedure)
50920	-	-	674.35	-	-	Closure of ureterocutaneous fistula
50930	-	-	866.27	-	-	Closure of ureterovisceral fistula (including visceral repair)
50940	-	-	675.77	-	-	Deligation of ureter
50945	-	-	743.16	-	-	Laparoscopy, surgical; ureterolithotomy
50947	-	-	1,051.10	-	-	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
50948	-	-	975.98	-	-	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement
50949	-	-	I.C.	-	-	Unlisted laparoscopy procedure, ureter
50951	295.31	235.12	-	-	-	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50953	312.05	260.78	-	-	-	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50955	339.91	280.83	-	-	-	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50957	335.30	270.93	-	-	-	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50961	303.18	243.26	-	-	-	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50970	-	-	283.58	-	-	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50972	-	-	273.72	-	-	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50974	-	-	361.79	-	-	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50976	-	-	356.23	-	-	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50980	-	-	272.66	-	-	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
51020	-	-	361.69	-	-	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51030	-	-	357.91	-	-	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
51040	-	-	225.53	-	-	Cystostomy, cystotomy with drainage

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
51045	-	-	371.73	-	-	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
51050	-	-	364.01	-	-	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
51060	-	-	447.42	-	-	Transvesical ureterolithotomy
51065	-	-	444.36	-	-	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
51080	-	-	314.10	-	-	Drainage of perivesical or prevesical space abscess
51100	48.79	29.56	-	-	-	Aspiration of bladder; by needle
51101	102.16	39.46	-	-	-	Aspiration of bladder; by trocar or intracatheter
51102	182.49	112.26	-	-	-	Aspiration of bladder; with insertion of suprapubic catheter
51500	-	-	498.20	-	-	Excision of urachal cyst or sinus, with or without umbilical hernia repair
51520	-	-	452.23	-	-	Cystotomy; for simple excision of vesical neck (separate procedure)
51525	-	-	657.93	-	-	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)
51530	-	-	597.95	-	-	Cystotomy; for excision of bladder tumor
51535	-	-	591.61	-	-	Cystotomy for excision, incision, or repair of ureterocele
51550	-	-	732.08	-	-	Cystectomy, partial; simple
51555	-	-	963.52	-	-	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)
51565	-	-	983.72	-	-	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51570	-	-	1,123.52	-	-	Cystectomy, complete; (separate procedure)
51575	-	-	1,389.48	-	-	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51580	-	-	1,448.66	-	-	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
51585	-	-	1,612.02	-	-	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51590	-	-	1,472.25	-	-	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
51595	-	-	1,669.76	-	-	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51596	-	-	1,795.36	-	-	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder
51597	-	-	1,743.24	-	-	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
51600	156.83	33.38	-	-	-	Injection procedure for cystography or voiding urethrocystography
51605	-	-	29.52	-	-	Injection procedure and placement of chain for contrast and/or chain urethrocystography
51610	87.47	49.01	-	-	-	Injection procedure for retrograde urethrocystography
51700	67.93	33.65	-	-	-	Bladder irrigation, simple, lavage and/or instillation
51701	46.75	20.83	-	-	-	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51702	60.96	23.06	-	-	-	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51703	107.85	62.43	-	-	-	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
51705	88.30	52.35	-	-	-	Change of cystostomy tube; simple
51710	122.72	73.67	-	-	-	Change of cystostomy tube; complicated
51715	229.06	151.59	-	-	-	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51720	87.95	62.04	-	-	-	Bladder instillation of anticarcinogenic agent (including retention time)
51725	-	-	166.32	57.17	109.15	Simple cystometrogram (CMG) (eg, spinal manometer)
51726	-	-	244.92	65.17	179.74	Complex cystometrogram (ie, calibrated electronic equipment);
51727	-	-	241.50	80.24	161.26	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique
51728	-	-	239.36	78.66	160.70	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique
51729	-	-	261.03	94.75	166.28	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique
51736	-	-	28.17	9.32	18.86	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)
51741	-	-	34.58	12.94	21.64	Complex uroflowmetry (eg, calibrated electronic equipment)
51784	-	-	162.07	57.94	104.13	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51785	-	-	178.79	58.21	120.57	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
51792	-	-	186.12	42.14	143.98	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)
51797	-	-	107.43	31.16	76.26	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
51798	-	-	16.07	-	-	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
51800	-	-	798.30	-	-	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck
51820	-	-	812.75	-	-	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy
51840	-	-	498.42	-	-	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple
51841	-	-	592.09	-	-	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)
51845	-	-	449.92	-	-	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)
51860	-	-	560.56	-	-	Cystorrhaphy, suture of bladder wound, injury or rupture; simple
51865	-	-	679.46	-	-	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated
51880	-	-	357.67	-	-	Closure of cystostomy (separate procedure)
51900	-	-	626.84	-	-	Closure of vesicovaginal fistula, abdominal approach
51920	-	-	576.50	-	-	Closure of vesicouterine fistula;
51925	-	-	794.27	-	-	Closure of vesicouterine fistula; with hysterectomy
51940	-	-	1,228.85	-	-	Closure, exstrophy of bladder
51960	-	-	1,061.11	-	-	Enterocystoplasty, including intestinal anastomosis
51980	-	-	545.11	-	-	Cutaneous vesicostomy
51990	-	-	569.12	-	-	Laparoscopy, surgical; urethral suspension for stress incontinence
51992	-	-	635.08	-	-	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)
51999	-	-	I.C.	-	-	Unlisted laparoscopy procedure, bladder

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
52000	164.98	96.43	-	-	-	Cystourethroscopy (separate procedure)
52001	294.51	219.55	-	-	-	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52005	229.03	102.23	-	-	-	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
52007	416.70	127.16	-	-	-	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
52010	318.33	124.65	-	-	-	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service
52204	336.16	108.20	-	-	-	Cystourethroscopy, with biopsy(s)
52214	502.93	160.43	-	-	-	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	606.79	129.69	-	-	-	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
52234	-	-	188.55	-	-	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235	-	-	220.94	-	-	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	-	-	385.04	-	-	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
52250	-	-	186.15	-	-	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
52260	-	-	160.68	-	-	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
52265	325.68	123.92	-	-	-	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
52270	310.40	139.57	-	-	-	Cystourethroscopy, with internal urethrotomy; female
52275	421.73	190.43	-	-	-	Cystourethroscopy, with internal urethrotomy; male
52276	-	-	203.45	-	-	Cystourethroscopy with direct vision internal urethrotomy
52277	-	-	248.86	-	-	Cystourethroscopy, with resection of external sphincter (sphincterotomy)
52281	228.74	112.53	-	-	-	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
52282	-	-	257.31	-	-	Cystourethroscopy, with insertion of permanent urethral stent
52283	220.05	154.28	-	-	-	Cystourethroscopy, with steroid injection into stricture
52285	222.48	149.74	-	-	-	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone
52290	-	-	187.31	-	-	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
52300	-	-	216.71	-	-	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
52301	-	-	224.34	-	-	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
52305	-	-	213.18	-	-	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
52310	195.18	116.32	-	-	-	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	340.81	209.84	-	-	-	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	724.04	265.61	-	-	-	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	-	-	361.72	-	-	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
52320	-	-	188.48	-	-	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
52325	-	-	245.00	-	-	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
52327	-	-	199.69	-	-	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
52330	529.64	201.63	-	-	-	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
52332	399.11	112.63	-	-	-	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52334	-	-	196.64	-	-	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
52341	-	-	222.48	-	-	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52342	-	-	241.73	-	-	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
52343	-	-	268.80	-	-	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52344	-	-	291.96	-	-	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52345	-	-	311.21	-	-	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52346	-	-	351.00	-	-	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52351	-	-	240.62	-	-	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352	-	-	282.68	-	-	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353	-	-	324.39	-	-	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52354	-	-	300.41	-	-	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52355	-	-	357.41	-	-	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
52400	-	-	368.34	-	-	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
52402	-	-	203.45	-	-	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
52450	-	-	362.48	-	-	Transurethral incision of prostate
52500	-	-	376.77	-	-	Transurethral resection of bladder neck (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
52601	-	-	639.11	-	-	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52630	-	-	340.93	-	-	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52640	-	-	230.20	-	-	Transurethral resection; of postoperative bladder neck contracture
52647	1,650.26	496.54	-	-	-	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
52648	1,687.74	529.28	-	-	-	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
52649	-	-	741.29	-	-	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
52700	-	-	336.23	-	-	Transurethral drainage of prostatic abscess
53000	-	-	115.47	-	-	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010	-	-	229.21	-	-	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
53020	-	-	74.33	-	-	Meatotomy, cutting of meatus (separate procedure); except infant
53025	-	-	51.23	-	-	Meatotomy, cutting of meatus (separate procedure); infant
53040	-	-	302.24	-	-	Drainage of deep periurethral abscess
53060	141.02	124.58	-	-	-	Drainage of Skene's gland abscess or cyst
53080	-	-	330.98	-	-	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
53085	-	-	487.47	-	-	Drainage of perineal urinary extravasation; complicated
53200	119.26	107.55	-	-	-	Biopsy of urethra
53210	-	-	591.53	-	-	Urethrectomy, total, including cystostomy; female
53215	-	-	711.50	-	-	Urethrectomy, total, including cystostomy; male
53220	-	-	349.00	-	-	Excision or fulguration of carcinoma of urethra
53230	-	-	465.86	-	-	Excision of urethral diverticulum (separate procedure); female
53235	-	-	488.29	-	-	Excision of urethral diverticulum (separate procedure); male
53240	-	-	329.19	-	-	Marsupialization of urethral diverticulum, male or female
53250	-	-	327.36	-	-	Excision of bulbourethral gland (Cowper's gland)
53260	155.91	136.96	-	-	-	Excision or fulguration; urethral polyp(s), distal urethra
53265	171.38	142.40	-	-	-	Excision or fulguration; urethral caruncle
53270	163.30	145.46	-	-	-	Excision or fulguration; Skene's glands
53275	-	-	202.58	-	-	Excision or fulguration; urethral prolapse
53400	-	-	614.73	-	-	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)
53405	-	-	671.18	-	-	Urethroplasty; second stage (formation of urethra), including urinary diversion
53410	-	-	750.64	-	-	Urethroplasty, 1-stage reconstruction of male anterior urethra
53415	-	-	863.58	-	-	Urethroplasty, transpubic or perineal, 1 stage, for reconstruction or repair of prostatic or membranous urethra

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
53420	-	-	626.25	-	-	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	-	-	719.43	-	-	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	-	-	732.67	-	-	Urethroplasty, reconstruction of female urethra
53431	-	-	881.61	-	-	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
53440	-	-	676.91	-	-	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53442	-	-	599.15	-	-	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
53444	-	-	609.13	-	-	Insertion of tandem cuff (dual cuff)
53445	-	-	675.88	-	-	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446	-	-	495.98	-	-	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447	-	-	623.01	-	-	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
53448	-	-	979.97	-	-	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue
53449	-	-	471.57	-	-	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53450	-	-	315.56	-	-	Urethromeatoplasty, with mucosal advancement
53460	-	-	352.75	-	-	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
53500	-	-	572.41	-	-	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)
53502	-	-	372.80	-	-	Urethrorrhaphy, suture of urethral wound or injury, female
53505	-	-	374.75	-	-	Urethrorrhaphy, suture of urethral wound or injury; penile
53510	-	-	485.62	-	-	Urethrorrhaphy, suture of urethral wound or injury; perineal
53515	-	-	608.46	-	-	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous
53520	-	-	428.34	-	-	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
53600	66.17	48.61	-	-	-	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial
53601	65.34	40.81	-	-	-	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent
53605	-	-	48.82	-	-	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53620	94.30	66.99	-	-	-	Dilation of urethral stricture by passage of filiform and follower, male; initial
53621	89.81	54.97	-	-	-	Dilation of urethral stricture by passage of filiform and follower, male; subsequent
53660	57.78	31.86	-	-	-	Dilation of female urethra including suppository and/or instillation; initial
53661	57.18	30.99	-	-	-	Dilation of female urethra including suppository and/or instillation; subsequent
53665	-	-	29.08	-	-	Dilation of female urethra, general or conduction (spinal) anesthesia
53850	1,881.76	435.71	-	-	-	Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	1,809.25	477.45	-	-	-	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53855	579.40	60.50	-	-	-	Insertion of a temporary prostatic urethral stent, including urethral measurement

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
53860	1,176.59	170.84	-	-	-	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence
53899	-	-	I.C.	-	-	Unlisted procedure, urinary system
54000	122.18	83.72	-	-	-	Slitting of prepuce, dorsal or lateral (separate procedure); newborn
54001	150.17	107.26	-	-	-	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
54015	-	-	236.83	-	-	Incision and drainage of penis, deep
54050	101.63	79.90	-	-	-	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54055	92.77	70.75	-	-	-	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
54056	109.25	85.00	-	-	-	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54057	110.09	73.03	-	-	-	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	145.64	100.50	-	-	-	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54065	169.48	129.91	-	-	-	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
54100	155.50	95.59	-	-	-	Biopsy of penis; (separate procedure)
54105	213.41	165.48	-	-	-	Biopsy of penis; deep structures
54110	-	-	479.08	-	-	Excision of penile plaque (Peyronie disease);
54111	-	-	614.42	-	-	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54112	-	-	719.95	-	-	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length
54115	351.22	326.97	-	-	-	Removal foreign body from deep penile tissue (eg, plastic implant)
54120	-	-	485.71	-	-	Amputation of penis; partial
54125	-	-	622.91	-	-	Amputation of penis; complete
54130	-	-	913.84	-	-	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy
54135	-	-	1,156.88	-	-	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
54150	129.12	74.22	-	-	-	Circumcision, using clamp or other device with regional dorsal penile or ring block
54160	180.51	110.56	-	-	-	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)
54161	-	-	151.88	-	-	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54162	209.66	152.81	-	-	-	Lysis or excision of penile post-circumcision adhesions
54163	-	-	170.37	-	-	Repair incomplete circumcision
54164	-	-	150.84	-	-	Frenulotomy of penis
54200	87.53	66.63	-	-	-	Injection procedure for Peyronie disease;
54205	-	-	412.84	-	-	Injection procedure for Peyronie disease; with surgical exposure of plaque
54220	164.84	103.25	-	-	-	Irrigation of corpora cavernosa for priapism
54230	75.91	61.42	-	-	-	Injection procedure for corpora cavernosography
54231	109.66	89.88	-	-	-	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)
54235	70.98	56.76	-	-	-	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
54240	-	-	77.97	49.08	28.89	Penile plethysmography

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54250	-	-	93.31	83.65	9.66	Nocturnal penile tumescence and/or rigidity test
54300	-	-	496.72	-	-	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304	-	-	579.86	-	-	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
54308	-	-	563.60	-	-	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312	-	-	645.30	-	-	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm
54316	-	-	784.12	-	-	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
54318	-	-	553.92	-	-	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54322	-	-	603.02	-	-	1 stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324	-	-	747.68	-	-	1 stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)
54326	-	-	713.48	-	-	1 stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
54328	-	-	719.44	-	-	1 stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54332	-	-	780.34	-	-	1 stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54336	-	-	904.80	-	-	1 stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54340	-	-	436.51	-	-	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	-	-	745.66	-	-	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	-	-	874.85	-	-	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
54352	-	-	1,230.21	-	-	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
54360	-	-	556.98	-	-	Plastic operation on penis to correct angulation
54380	-	-	617.25	-	-	Plastic operation on penis for epispadias distal to external sphincter;
54385	-	-	752.53	-	-	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54390	-	-	937.84	-	-	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
54400	-	-	408.85	-	-	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	-	-	509.26	-	-	Insertion of penile prosthesis; inflatable (self-contained)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54405	-	-	621.11	-	-	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	-	-	561.22	-	-	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	-	-	607.09	-	-	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	-	-	661.89	-	-	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	-	-	786.55	-	-	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	-	-	407.31	-	-	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	-	-	547.00	-	-	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	-	-	688.89	-	-	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54420	-	-	543.64	-	-	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
54430	-	-	494.54	-	-	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral
54435	-	-	323.21	-	-	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54440	-	-	I.C.	-	-	Plastic operation of penis for injury

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54450	55.44	44.02	-	-	-	Foreskin manipulation including lysis of preputial adhesions and stretching
54500	-	-	57.35	-	-	Biopsy of testis, needle (separate procedure)
54505	-	-	163.21	-	-	Biopsy of testis, incisional (separate procedure)
54512	-	-	412.26	-	-	Excision of extraparenchymal lesion of testis
54520	-	-	251.63	-	-	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54522	-	-	446.88	-	-	Orchiectomy, partial
54530	-	-	390.36	-	-	Orchiectomy, radical, for tumor; inguinal approach
54535	-	-	565.14	-	-	Orchiectomy, radical, for tumor; with abdominal exploration
54550	-	-	377.08	-	-	Exploration for undescended testis (inguinal or scrotal area)
54560	-	-	515.72	-	-	Exploration for undescended testis with abdominal exploration
54600	-	-	348.97	-	-	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620	-	-	231.54	-	-	Fixation of contralateral testis (separate procedure)
54640	-	-	366.55	-	-	Orchiopexy, inguinal approach, with or without hernia repair
54650	-	-	542.80	-	-	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
54660	-	-	275.48	-	-	Insertion of testicular prosthesis (separate procedure)
54670	-	-	312.46	-	-	Suture or repair of testicular injury
54680	-	-	598.62	-	-	Transplantation of testis(es) to thigh (because of scrotal destruction)
54690	-	-	513.91	-	-	Laparoscopy, surgical; orchiectomy
54692	-	-	582.54	-	-	Laparoscopy, surgical; orchiopexy for intra-abdominal testis
54699	-	-	I.C.	-	-	Unlisted laparoscopy procedure, testis
54700	-	-	163.96	-	-	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
54800	-	-	112.96	-	-	Biopsy of epididymis, needle
54830	-	-	287.59	-	-	Excision of local lesion of epididymis

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54840	-	-	248.96	-	-	Excision of spermatocele, with or without epididymectomy
54860	-	-	323.25	-	-	Epididymectomy; unilateral
54861	-	-	434.87	-	-	Epididymectomy; bilateral
54865	-	-	276.86	-	-	Exploration of epididymis, with or without biopsy
54900	-	-	585.34	-	-	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901	-	-	817.00	-	-	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55000	94.62	64.80	-	-	-	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
55040	-	-	261.40	-	-	Excision of hydrocele; unilateral
55041	-	-	392.30	-	-	Excision of hydrocele; bilateral
55060	-	-	293.39	-	-	Repair of tunica vaginalis hydrocele (Bottle type)
55100	172.44	128.13	-	-	-	Drainage of scrotal wall abscess
55110	-	-	299.05	-	-	Scrotal exploration
55120	-	-	274.90	-	-	Removal of foreign body in scrotum
55150	-	-	377.69	-	-	Resection of scrotum
55175	-	-	281.41	-	-	Scrotoplasty; simple
55180	-	-	530.35	-	-	Scrotoplasty; complicated
55200	374.13	213.61	-	-	-	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55250	626.12	248.79	-	-	-	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55300	-	-	138.96	-	-	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55400	-	-	385.17	-	-	Vasovasostomy, vasovasorrhaphy
55450	294.50	196.40	-	-	-	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
55500	-	-	300.08	-	-	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520	-	-	325.18	-	-	Excision of lesion of spermatic cord (separate procedure)
55530	-	-	273.21	-	-	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
55535	-	-	330.09	-	-	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540	-	-	389.20	-	-	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
55550	-	-	326.15	-	-	Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55559	-	-	I.C.	-	-	Unlisted laparoscopy procedure, spermatic cord
55600	-	-	325.82	-	-	Vesiculotomy;
55605	-	-	400.69	-	-	Vesiculotomy; complicated
55650	-	-	547.33	-	-	Vesiculectomy, any approach
55680	-	-	262.92	-	-	Excision of Mullerian duct cyst
55700	179.58	105.73	-	-	-	Biopsy, prostate; needle or punch, single or multiple, any approach
55705	-	-	206.05	-	-	Biopsy, prostate; incisional, any approach
55706	-	-	290.33	-	-	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance
55720	-	-	347.25	-	-	Prostatotomy, external drainage of prostatic abscess, any approach; simple
55725	-	-	454.58	-	-	Prostatotomy, external drainage of prostatic abscess, any approach; complicated
55801	-	-	833.44	-	-	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
55810	-	-	1,005.18	-	-	Prostatectomy, perineal radical;
55812	-	-	1,228.98	-	-	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55815	-	-	1,347.17	-	-	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
55821	-	-	670.26	-	-	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages
55831	-	-	724.47	-	-	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal
55840	-	-	1,023.82	-	-	Prostatectomy, retropubic radical, with or without nerve sparing;
55842	-	-	1,095.50	-	-	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55845	-	-	1,249.71	-	-	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55860	-	-	670.24	-	-	Exposure of prostate, any approach, for insertion of radioactive substance;
55862	-	-	841.39	-	-	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865	-	-	1,022.37	-	-	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55866	-	-	1,324.69	-	-	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55870	136.95	109.91	-	-	-	Electroejaculation
55873	5,132.08	647.88	-	-	-	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)
55875	-	-	585.24	-	-	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
55876	107.83	78.01	-	-	-	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
55899	-	-	I.C.	-	-	Unlisted procedure, male genital system
55920	-	-	330.54	-	-	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
55970	-	-	I.C.	-	-	Intersex surgery; male to female
55980	-	-	I.C.	-	-	Intersex surgery; female to male
56405	82.41	81.29	-	-	-	Incision and drainage of vulva or perineal abscess
56420	94.48	68.56	-	-	-	Incision and drainage of Bartholin's gland abscess
56440	-	-	136.44	-	-	Marsupialization of Bartholin's gland cyst
56441	110.84	105.27	-	-	-	Lysis of labial adhesions
56442	-	-	36.33	-	-	Hymenotomy, simple incision
56501	99.54	86.16	-	-	-	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	168.82	148.19	-	-	-	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	62.57	44.45	-	-	-	Biopsy of vulva or perineum (separate procedure); 1 lesion
56606	28.17	21.48	-	-	-	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)
56620	-	-	373.85	-	-	Vulvectomy simple; partial
56625	-	-	445.47	-	-	Vulvectomy simple; complete
56630	-	-	650.64	-	-	Vulvectomy, radical, partial;
56631	-	-	824.02	-	-	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy
56632	-	-	958.59	-	-	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy
56633	-	-	844.38	-	-	Vulvectomy, radical, complete;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
56634	-	-	892.95	-	-	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy
56637	-	-	1,048.86	-	-	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy
56640	-	-	1,032.31	-	-	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy
56700	-	-	140.06	-	-	Partial hymenectomy or revision of hymenal ring
56740	-	-	220.45	-	-	Excision of Bartholin's gland or cyst
56800	-	-	179.72	-	-	Plastic repair of introitus
56805	-	-	844.54	-	-	Clitoroplasty for intersex state
56810	-	-	192.99	-	-	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
56820	83.21	62.58	-	-	-	Colposcopy of the vulva;
56821	110.54	84.07	-	-	-	Colposcopy of the vulva; with biopsy(s)
57000	-	-	141.73	-	-	Colpotomy; with exploration
57010	-	-	323.06	-	-	Colpotomy; with drainage of pelvic abscess
57020	69.83	59.80	-	-	-	Colpocentesis (separate procedure)
57022	-	-	124.58	-	-	Incision and drainage of vaginal hematoma; obstetrical/postpartum
57023	-	-	230.68	-	-	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
57061	87.10	74.00	-	-	-	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	144.16	127.44	-	-	-	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	66.19	48.08	-	-	-	Biopsy of vaginal mucosa; simple (separate procedure)
57105	102.39	94.03	-	-	-	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57106	-	-	357.80	-	-	Vaginectomy, partial removal of vaginal wall;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
57107	-	-	1,032.00	-	-	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57109	-	-	1,177.69	-	-	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57110	-	-	663.20	-	-	Vaginectomy, complete removal of vaginal wall;
57111	-	-	1,185.77	-	-	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57112	-	-	1,117.01	-	-	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57120	-	-	380.29	-	-	Colpocleisis (Le Fort type)
57130	134.86	119.54	-	-	-	Excision of vaginal septum
57135	144.57	128.69	-	-	-	Excision of vaginal cyst or tumor
57150	36.53	21.48	-	-	-	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
57155	254.07	133.40	-	-	-	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57156	114.56	75.83	-	-	-	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
57160	58.69	34.73	-	-	-	Fitting and insertion of pessary or other intravaginal support device
57170	96.86	53.18	-	-	-	Diaphragm or cervical cap fitting with instructions
57180	108.00	79.29	-	-	-	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)
57200	-	-	223.26	-	-	Colporrhaphy, suture of injury of vagina (nonobstetrical)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
57210	-	-	273.24	-	-	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57220	-	-	239.79	-	-	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
57230	-	-	298.38	-	-	Plastic repair of urethrocele
57240	-	-	494.18	-	-	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57250	-	-	493.98	-	-	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260	-	-	609.15	-	-	Combined anteroposterior colporrhaphy;
57265	-	-	671.18	-	-	Combined anteroposterior colporrhaphy; with enterocele repair
57267	-	-	190.83	-	-	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)
57268	-	-	359.40	-	-	Repair of enterocele, vaginal approach (separate procedure)
57270	-	-	589.68	-	-	Repair of enterocele, abdominal approach (separate procedure)
57280	-	-	707.90	-	-	Colpopexy, abdominal approach
57282	-	-	375.31	-	-	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57283	-	-	512.06	-	-	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57284	-	-	609.29	-	-	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach
57285	-	-	502.26	-	-	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
57287	-	-	515.08	-	-	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
57288	-	-	531.83	-	-	Sling operation for stress incontinence (eg, fascia or synthetic)
57289	-	-	547.15	-	-	Pereyra procedure, including anterior colporrhaphy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
57291	-	-	445.66	-	-	Construction of artificial vagina; without graft
57292	-	-	609.05	-	-	Construction of artificial vagina; with graft
57295	-	-	360.07	-	-	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	-	-	701.69	-	-	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57300	-	-	406.48	-	-	Closure of rectovaginal fistula; vaginal or transanal approach
57305	-	-	670.42	-	-	Closure of rectovaginal fistula; abdominal approach
57307	-	-	759.48	-	-	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy
57308	-	-	479.47	-	-	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication
57310	-	-	351.44	-	-	Closure of urethrovaginal fistula;
57311	-	-	399.12	-	-	Closure of urethrovaginal fistula; with bulbocavernosus transplant
57320	-	-	404.42	-	-	Closure of vesicovaginal fistula; vaginal approach
57330	-	-	558.65	-	-	Closure of vesicovaginal fistula; transvesical and vaginal approach
57335	-	-	861.49	-	-	Vaginoplasty for intersex state
57400	-	-	99.33	-	-	Dilation of vagina under anesthesia (other than local)
57410	-	-	79.50	-	-	Pelvic examination under anesthesia (other than local)
57415	-	-	119.52	-	-	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)
57420	87.02	66.12	-	-	-	Colposcopy of the entire vagina, with cervix if present;
57421	116.96	89.93	-	-	-	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
57423	-	-	680.13	-	-	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
57425	-	-	717.26	-	-	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57426	-	-	622.66	-	-	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
57452	81.72	67.79	-	-	-	Colposcopy of the cervix including upper/adjacent vagina;
57454	114.72	100.51	-	-	-	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57455	107.51	81.60	-	-	-	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
57456	101.80	76.16	-	-	-	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57460	225.10	120.59	-	-	-	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
57461	251.97	138.55	-	-	-	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
57500	101.03	56.16	-	-	-	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	77.66	69.30	-	-	-	Endocervical curettage (not done as part of a dilation and curettage)
57510	98.83	85.73	-	-	-	Cautery of cervix; electro or thermal
57511	109.89	99.02	-	-	-	Cautery of cervix; cryocautery, initial or repeat
57513	108.49	99.30	-	-	-	Cautery of cervix; laser ablation
57520	231.08	203.49	-	-	-	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	198.60	181.88	-	-	-	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
57530	-	-	257.11	-	-	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
57531	-	-	1,259.59	-	-	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)
57540	-	-	575.37	-	-	Excision of cervical stump, abdominal approach;
57545	-	-	606.96	-	-	Excision of cervical stump, abdominal approach; with pelvic floor repair
57550	-	-	304.73	-	-	Excision of cervical stump, vaginal approach;
57555	-	-	444.98	-	-	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
57556	-	-	421.67	-	-	Excision of cervical stump, vaginal approach; with repair of enterocele
57558	94.38	84.91	-	-	-	Dilation and curettage of cervical stump
57700	-	-	234.29	-	-	Cerclage of uterine cervix, nonobstetrical
57720	-	-	230.18	-	-	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	45.39	35.91	-	-	-	Dilation of cervical canal, instrumental (separate procedure)
58100	82.54	64.70	-	-	-	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58110	35.91	30.06	-	-	-	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)
58120	190.72	161.18	-	-	-	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58140	-	-	675.42	-	-	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach
58145	-	-	403.15	-	-	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58146	-	-	851.77	-	-	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach
58150	-	-	731.81	-	-	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58152	-	-	917.80	-	-	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)
58180	-	-	703.95	-	-	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58200	-	-	963.42	-	-	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)
58210	-	-	1,286.72	-	-	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
58240	-	-	2,040.94	-	-	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
58260	-	-	610.95	-	-	Vaginal hysterectomy, for uterus 250 g or less;
58262	-	-	680.64	-	-	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58263	-	-	731.83	-	-	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	-	-	778.12	-	-	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270	-	-	650.67	-	-	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58275	-	-	725.69	-	-	Vaginal hysterectomy, with total or partial vaginectomy;
58280	-	-	775.82	-	-	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285	-	-	965.65	-	-	Vaginal hysterectomy, radical (Schauta type operation)
58290	-	-	848.77	-	-	Vaginal hysterectomy, for uterus greater than 250 g;
58291	-	-	920.23	-	-	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	-	-	969.38	-	-	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58293	-	-	1,007.02	-	-	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58294	-	-	897.67	-	-	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58300	99.67	58.77	-	-	-	Insertion of intrauterine device (IUD)
58301	112.10	74.92	-	-	-	Removal of intrauterine device (IUD)
58321	57.48	34.35	-	-	-	Artificial insemination; intra-cervical
58322	65.63	43.06	-	-	-	Artificial insemination; intra-uterine
58323	13.28	9.10	-	-	-	Sperm washing for artificial insemination
58340	96.54	43.59	-	-	-	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58345	-	-	207.37	-	-	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58346	-	-	326.51	-	-	Insertion of Heyman capsules for clinical brachytherapy
58350	74.42	59.65	-	-	-	Chromotubation of oviduct, including materials
58353	867.31	163.38	-	-	-	Endometrial ablation, thermal, without hysteroscopic guidance
58356	1,608.41	254.60	-	-	-	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58400	-	-	329.12	-	-	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
58410	-	-	593.38	-	-	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy
58520	-	-	591.24	-	-	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
58540	-	-	669.60	-	-	Hysteroplasty, repair of uterine anomaly (Strassman type)
58541	-	-	635.22	-	-	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	-	-	708.56	-	-	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	-	-	720.52	-	-	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	-	-	778.09	-	-	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58545	-	-	659.13	-	-	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58546	-	-	830.57	-	-	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
58548	-	-	1,312.60	-	-	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
58550	-	-	652.05	-	-	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	-	-	722.51	-	-	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	-	-	835.61	-	-	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554	-	-	966.91	-	-	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58555	205.24	140.03	-	-	-	Hysteroscopy, diagnostic (separate procedure)
58558	270.57	196.72	-	-	-	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559	-	-	252.72	-	-	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58560	-	-	285.26	-	-	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561	-	-	402.90	-	-	Hysteroscopy, surgical; with removal of leiomyomata
58562	281.61	213.89	-	-	-	Hysteroscopy, surgical; with removal of impacted foreign body
58563	1,418.15	252.72	-	-	-	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
58565	2,433.98	486.44	-	-	-	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58570	-	-	682.26	-	-	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	-	-	755.13	-	-	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	-	-	846.09	-	-	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	-	-	965.06	-	-	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58578	-	-	I.C.	-	-	Unlisted laparoscopy procedure, uterus
58579	-	-	I.C.	-	-	Unlisted hysteroscopy procedure, uterus
58600	-	-	398.31	-	-	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58605	-	-	361.75	-	-	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)
58611	-	-	86.56	-	-	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
58615	-	-	283.64	-	-	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58660	-	-	494.75	-	-	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58661	-	-	472.97	-	-	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	-	-	519.73	-	-	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	-	-	271.57	-	-	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58671	-	-	271.29	-	-	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58672	-	-	542.67	-	-	Laparoscopy, surgical; with fimbrioplasty
58673	-	-	590.45	-	-	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58679	-	-	I.C.	-	-	Unlisted laparoscopy procedure, oviduct, ovary
58700	-	-	569.35	-	-	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58720	-	-	531.48	-	-	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58740	-	-	645.06	-	-	Lysis of adhesions (salpingolysis, ovariolysis)
58750	-	-	666.05	-	-	Tubotubal anastomosis
58752	-	-	637.85	-	-	Tubouterine implantation
58760	-	-	599.87	-	-	Fimbrioplasty
58770	-	-	623.07	-	-	Salpingostomy (salpingoneostomy)
58800	240.73	223.73	-	-	-	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach
58805	-	-	299.89	-	-	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
58820	-	-	244.99	-	-	Drainage of ovarian abscess; vaginal approach, open
58822	-	-	531.52	-	-	Drainage of ovarian abscess; abdominal approach
58823	732.92	127.36	-	-	-	Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)
58825	-	-	518.12	-	-	Transposition, ovary(s)
58900	-	-	323.39	-	-	Biopsy of ovary, unilateral or bilateral (separate procedure)
58920	-	-	516.10	-	-	Wedge resection or bisection of ovary, unilateral or bilateral
58925	-	-	544.24	-	-	Ovarian cystectomy, unilateral or bilateral
58940	-	-	379.94	-	-	Oophorectomy, partial or total, unilateral or bilateral;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58943	-	-	827.26	-	-	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
58950	-	-	792.47	-	-	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;
58951	-	-	1,015.82	-	-	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
58952	-	-	1,146.63	-	-	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)
58953	-	-	1,417.21	-	-	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;
58954	-	-	1,535.79	-	-	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
58956	-	-	970.83	-	-	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
58957	-	-	1,104.00	-	-	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58958	-	-	1,215.46	-	-	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
58960	-	-	681.93	-	-	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy
58970	159.98	141.03	-	-	-	Follicle puncture for oocyte retrieval, any method
58974	-	-	I.C.	-	-	Embryo transfer, intrauterine
58976	181.92	155.17	-	-	-	Gamete, zygote, or embryo intrafallopian transfer, any method
58999	-	-	I.C.	-	-	Unlisted procedure, female genital system (nonobstetrical)
59000	152.13	89.86	-	-	-	Amniocentesis; diagnostic
59001	-	-	200.38	-	-	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
59012	-	-	225.99	-	-	Cordocentesis (intrauterine), any method
59015	172.23	147.14	-	-	-	Chorionic villus sampling, any method
59020	-	-	73.19	41.76	31.44	Fetal contraction stress test
59025	-	-	48.01	33.92	14.09	Fetal non-stress test
59030	-	-	125.35	-	-	Fetal scalp blood sampling
59050	-	-	56.43	-	-	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation
59051	-	-	46.57	-	-	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only
59070	316.43	228.36	-	-	-	Transabdominal amnioinfusion, including ultrasound guidance
59072	-	-	382.61	-	-	Fetal umbilical cord occlusion, including ultrasound guidance

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
59074	309.74	231.43	-	-	-	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
59076	-	-	377.87	-	-	Fetal shunt placement, including ultrasound guidance
59100	-	-	609.31	-	-	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
59120	-	-	853.34	-	-	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
59121	-	-	860.16	-	-	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
59130	-	-	618.35	-	-	Surgical treatment of ectopic pregnancy; abdominal pregnancy
59135	-	-	618.84	-	-	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
59136	-	-	912.95	-	-	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus
59140	-	-	270.12	-	-	Surgical treatment of ectopic pregnancy; cervical, with evacuation
59150	-	-	829.66	-	-	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
59151	-	-	819.26	-	-	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
59160	263.46	213.74	-	-	-	Curettage, postpartum
59200	89.10	49.60	-	-	-	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
59300	212.61	156.85	-	-	-	Episiotomy or vaginal repair, by other than attending physician
59320	-	-	169.48	-	-	Cerclage of cervix, during pregnancy; vaginal
59325	-	-	242.19	-	-	Cerclage of cervix, during pregnancy; abdominal
59350	-	-	203.00	-	-	Hysterorrhaphy of ruptured uterus

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
59400	-	-	2,045.18	-	-	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	-	-	851.74	-	-	Vaginal delivery only (with or without episiotomy and/or forceps);
59410	-	-	980.17	-	-	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59412	-	-	69.43	-	-	External cephalic version, with or without tocolysis
59414	-	-	101.75	-	-	Delivery of placenta (separate procedure)
59425	472.68	361.16	-	-	-	Antepartum care only; 4-6 visits
59426	843.56	637.70	-	-	-	Antepartum care only; 7 or more visits
59430	153.56	139.15	-	-	-	Postpartum care only (separate procedure)
59510	-	-	2,309.68	-	-	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	-	-	1,006.12	-	-	Cesarean delivery only;
59515	-	-	1,182.80	-	-	Cesarean delivery only; including postpartum care
59525	-	-	353.37	-	-	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)
59610	-	-	2,138.92	-	-	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	-	-	955.89	-	-	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
59614	-	-	1,066.78	-	-	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618	-	-	2,422.24	-	-	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
59620	-	-	1,100.58	-	-	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
59622	-	-	1,283.21	-	-	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care
59812	324.57	315.74	-	-	-	Treatment of incomplete abortion, any trimester, completed surgically
59820	412.52	375.34	-	-	-	Treatment of missed abortion, completed surgically; first trimester
59821	418.83	381.19	-	-	-	Treatment of missed abortion, completed surgically; second trimester
59830	-	-	322.42	-	-	Treatment of septic abortion, completed surgically
59840	160.13	153.72	-	-	-	Induced abortion, by dilation and curettage
59841	281.85	264.57	-	-	-	Induced abortion, by dilation and evacuation
59850	-	-	259.96	-	-	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59851	-	-	294.98	-	-	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852	-	-	377.66	-	-	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855	-	-	305.82	-	-	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
59856	-	-	358.32	-	-	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59857	-	-	387.57	-	-	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)
59866	-	-	159.66	-	-	Multifetal pregnancy reduction(s) (MPR)
59870	-	-	352.59	-	-	Uterine evacuation and curettage for hydatidiform mole
59871	-	-	98.52	-	-	Removal of cerclage suture under anesthesia (other than local)
59897	-	-	I.C.	-	-	Unlisted fetal invasive procedure, including ultrasound guidance, when performed
59898	-	-	I.C.	-	-	Unlisted laparoscopy procedure, maternity care and delivery
59899	-	-	I.C.	-	-	Unlisted procedure, maternity care and delivery
60000	124.34	111.52	-	-	-	Incision and drainage of thyroglossal duct cyst, infected
60100	84.76	58.84	-	-	-	Biopsy thyroid, percutaneous core needle
60200	-	-	486.95	-	-	Excision of cyst or adenoma of thyroid, or transection of isthmus
60210	-	-	516.96	-	-	Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212	-	-	740.32	-	-	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60220	-	-	564.99	-	-	Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225	-	-	679.46	-	-	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60240	-	-	708.95	-	-	Thyroidectomy, total or complete

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
60252	-	-	963.04	-	-	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254	-	-	1,238.95	-	-	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
60260	-	-	802.36	-	-	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
60270	-	-	1,008.07	-	-	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
60271	-	-	774.89	-	-	Thyroidectomy, including substernal thyroid; cervical approach
60280	-	-	333.84	-	-	Excision of thyroglossal duct cyst or sinus;
60281	-	-	442.53	-	-	Excision of thyroglossal duct cyst or sinus; recurrent
60300	86.27	36.39	-	-	-	Aspiration and/or injection, thyroid cyst
60500	-	-	740.14	-	-	Parathyroidectomy or exploration of parathyroid(s);
60502	-	-	928.82	-	-	Parathyroidectomy or exploration of parathyroid(s); re-exploration
60505	-	-	1,016.29	-	-	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach
60512	-	-	175.52	-	-	Parathyroid autotransplantation (List separately in addition to code for primary procedure)
60520	-	-	753.87	-	-	Thymectomy, partial or total; transcervical approach (separate procedure)
60521	-	-	844.11	-	-	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)
60522	-	-	1,021.72	-	-	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
60540	-	-	777.05	-	-	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);
60545	-	-	889.90	-	-	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor
60600	-	-	1,052.35	-	-	Excision of carotid body tumor; without excision of carotid artery
60605	-	-	1,317.17	-	-	Excision of carotid body tumor; with excision of carotid artery
60650	-	-	868.99	-	-	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal
60659	-	-	I.C.	-	-	Unlisted laparoscopy procedure, endocrine system
60699	-	-	I.C.	-	-	Unlisted procedure, endocrine system
61000	-	-	81.53	-	-	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
61001	-	-	83.78	-	-	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps
61020	-	-	100.98	-	-	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026	-	-	94.48	-	-	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment
61050	-	-	78.35	-	-	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055	-	-	101.08	-	-	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61070	-	-	63.15	-	-	Puncture of shunt tubing or reservoir for aspiration or injection procedure
61105	-	-	331.32	-	-	Twist drill hole for subdural or ventricular puncture
61107	-	-	227.86	-	-	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device
61108	-	-	651.27	-	-	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma
61120	-	-	536.08	-	-	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)
61140	-	-	905.82	-	-	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61150	-	-	972.57	-	-	Burr hole(s) or trephine; with drainage of brain abscess or cyst
61151	-	-	711.70	-	-	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst
61154	-	-	910.67	-	-	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural
61156	-	-	896.92	-	-	Burr hole(s); with aspiration of hematoma or cyst, intracerebral
61210	-	-	266.01	-	-	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)
61215	-	-	363.57	-	-	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61250	-	-	619.40	-	-	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery
61253	-	-	624.66	-	-	Burr hole(s) or trephine, infratentorial, unilateral or bilateral
61304	-	-	1,180.95	-	-	Craniectomy or craniotomy, exploratory; supratentorial

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61305	-	-	1,445.06	-	-	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)
61312	-	-	1,492.65	-	-	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
61313	-	-	1,424.34	-	-	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral
61314	-	-	1,312.11	-	-	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
61315	-	-	1,487.97	-	-	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar
61316	-	-	63.06	-	-	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
61320	-	-	1,369.50	-	-	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial
61321	-	-	1,522.53	-	-	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial
61322	-	-	1,695.13	-	-	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy
61323	-	-	1,711.42	-	-	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy
61330	-	-	1,267.78	-	-	Decompression of orbit only, transcranial approach
61332	-	-	1,408.61	-	-	Exploration of orbit (transcranial approach); with biopsy
61333	-	-	1,472.65	-	-	Exploration of orbit (transcranial approach); with removal of lesion
61334	-	-	961.35	-	-	Exploration of orbit (transcranial approach); with removal of foreign body

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61340	-	-	1,036.39	-	-	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)
61343	-	-	1,579.60	-	-	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)
61345	-	-	1,467.97	-	-	Other cranial decompression, posterior fossa
61440	-	-	1,439.42	-	-	Craniotomy for section of tentorium cerebelli (separate procedure)
61450	-	-	1,379.55	-	-	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion
61458	-	-	1,445.45	-	-	Craniectomy, suboccipital; for exploration or decompression of cranial nerves
61460	-	-	1,502.98	-	-	Craniectomy, suboccipital; for section of 1 or more cranial nerves
61470	-	-	1,378.97	-	-	Craniectomy, suboccipital; for medullary tractotomy
61480	-	-	1,125.52	-	-	Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy
61490	-	-	1,364.00	-	-	Craniotomy for lobotomy, including cingulotomy
61500	-	-	971.17	-	-	Craniectomy; with excision of tumor or other bone lesion of skull
61501	-	-	838.37	-	-	Craniectomy; for osteomyelitis
61510	-	-	1,570.39	-	-	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma
61512	-	-	1,834.81	-	-	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial
61514	-	-	1,367.68	-	-	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial
61516	-	-	1,333.41	-	-	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61517	-	-	62.82	-	-	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)
61518	-	-	1,982.40	-	-	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
61519	-	-	2,121.61	-	-	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma
61520	-	-	2,716.97	-	-	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor
61521	-	-	2,286.92	-	-	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull
61522	-	-	1,574.64	-	-	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess
61524	-	-	1,493.87	-	-	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst
61526	-	-	2,601.88	-	-	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;
61530	-	-	2,200.32	-	-	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy
61531	-	-	879.66	-	-	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring
61533	-	-	1,095.69	-	-	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring
61534	-	-	1,183.61	-	-	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61535	-	-	719.18	-	-	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
61536	-	-	1,858.96	-	-	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)
61537	-	-	1,758.21	-	-	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery
61538	-	-	1,900.97	-	-	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery
61539	-	-	1,693.10	-	-	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery
61540	-	-	1,572.63	-	-	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery
61541	-	-	1,543.69	-	-	Craniotomy with elevation of bone flap; for transection of corpus callosum
61542	-	-	1,604.80	-	-	Craniotomy with elevation of bone flap; for total hemispherectomy
61543	-	-	1,552.64	-	-	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy
61544	-	-	1,322.43	-	-	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus
61545	-	-	2,286.10	-	-	Craniotomy with elevation of bone flap; for excision of craniopharyngioma
61546	-	-	1,657.28	-	-	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
61548	-	-	1,132.55	-	-	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61550	-	-	692.38	-	-	Craniectomy for craniosynostosis; single cranial suture
61552	-	-	876.52	-	-	Craniectomy for craniosynostosis; multiple cranial sutures
61556	-	-	1,179.26	-	-	Craniotomy for craniosynostosis; frontal or parietal bone flap
61557	-	-	1,214.37	-	-	Craniotomy for craniosynostosis; bifrontal bone flap
61558	-	-	1,268.10	-	-	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559	-	-	1,546.02	-	-	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel stave procedure) (includes obtaining grafts)
61563	-	-	1,425.55	-	-	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
61564	-	-	1,733.49	-	-	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression
61566	-	-	1,622.37	-	-	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy
61567	-	-	1,851.86	-	-	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery
61570	-	-	1,336.61	-	-	Craniectomy or craniotomy; with excision of foreign body from brain
61571	-	-	1,432.50	-	-	Craniectomy or craniotomy; with treatment of penetrating wound of brain
61575	-	-	1,782.70	-	-	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;

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61576	-	-	2,643.43	-	-	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)
61580	-	-	1,830.96	-	-	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581	-	-	2,027.98	-	-	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
61582	-	-	2,187.74	-	-	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa
61583	-	-	2,099.16	-	-	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
61584	-	-	2,065.05	-	-	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
61585	-	-	2,289.75	-	-	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration
61586	-	-	1,716.22	-	-	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61590	-	-	2,285.06	-	-	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
61591	-	-	2,306.12	-	-	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery
61592	-	-	2,294.27	-	-	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
61595	-	-	1,752.56	-	-	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization
61596	-	-	1,870.36	-	-	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery
61597	-	-	2,092.39	-	-	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61598	-	-	1,985.78	-	-	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus
61600	-	-	1,585.70	-	-	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
61601	-	-	1,729.85	-	-	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft
61605	-	-	1,645.66	-	-	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606	-	-	2,176.79	-	-	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft
61607	-	-	2,094.49	-	-	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608	-	-	2,342.33	-	-	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft
61609	-	-	428.31	-	-	Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)
61610	-	-	1,351.12	-	-	Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61611	-	-	287.96	-	-	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61612	-	-	1,066.75	-	-	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61613	-	-	2,355.18	-	-	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid cavernous fistula by dissection within cavernous sinus
61615	-	-	1,740.07	-	-	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural
61616	-	-	2,406.67	-	-	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft
61618	-	-	943.61	-	-	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)
61619	-	-	1,084.37	-	-	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)
61623	-	-	405.54	-	-	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61624	-	-	810.46	-	-	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)
61626	-	-	638.52	-	-	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)
61630	-	-	934.65	-	-	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
61635	-	-	1,012.60	-	-	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed
61640	-	-	460.13	-	-	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
61641	-	-	161.85	-	-	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)
61642	-	-	323.23	-	-	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)
61680	-	-	1,628.32	-	-	Surgery of intracranial arteriovenous malformation; supratentorial, simple
61682	-	-	3,014.85	-	-	Surgery of intracranial arteriovenous malformation; supratentorial, complex
61684	-	-	2,037.16	-	-	Surgery of intracranial arteriovenous malformation; infratentorial, simple
61686	-	-	3,243.80	-	-	Surgery of intracranial arteriovenous malformation; infratentorial, complex
61690	-	-	1,570.36	-	-	Surgery of intracranial arteriovenous malformation; dural, simple
61692	-	-	2,630.84	-	-	Surgery of intracranial arteriovenous malformation; dural, complex

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61697	-	-	3,027.17	-	-	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
61698	-	-	3,305.34	-	-	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61700	-	-	2,468.34	-	-	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
61702	-	-	2,876.98	-	-	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61703	-	-	979.35	-	-	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)
61705	-	-	1,857.93	-	-	Surgery of aneurysm, vascular malformation or carotid cavernous fistula; by intracranial and cervical occlusion of carotid artery
61708	-	-	1,531.45	-	-	Surgery of aneurysm, vascular malformation or carotid cavernous fistula; by intracranial electrothrombosis
61710	-	-	1,354.98	-	-	Surgery of aneurysm, vascular malformation or carotid cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter
61711	-	-	1,873.24	-	-	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries
61720	-	-	892.85	-	-	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
61735	-	-	1,082.38	-	-	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus
61750	-	-	1,011.69	-	-	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;

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61751	-	-	990.72	-	-	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance
61760	-	-	1,123.10	-	-	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring
61770	-	-	1,147.66	-	-	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
61781	-	-	173.27	-	-	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
61782	-	-	143.24	-	-	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)
61783	-	-	173.27	-	-	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)
61790	-	-	624.21	-	-	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61791	-	-	800.33	-	-	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
61796	-	-	698.78	-	-	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61797	-	-	155.59	-	-	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
61798	-	-	924.81	-	-	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61799	-	-	214.70	-	-	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)
61800	-	-	108.94	-	-	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
61850	-	-	666.46	-	-	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
61860	-	-	1,127.02	-	-	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
61863	-	-	1,081.92	-	-	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
61864	-	-	205.65	-	-	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
61867	-	-	1,644.11	-	-	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61868	-	-	362.19	-	-	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
61870	-	-	855.30	-	-	Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical
61875	-	-	768.24	-	-	Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical
61880	-	-	406.61	-	-	Revision or removal of intracranial neurostimulator electrodes
61885	-	-	401.85	-	-	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	-	-	607.32	-	-	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
61888	-	-	284.21	-	-	Revision or removal of cranial neurostimulator pulse generator or receiver
62000	-	-	710.27	-	-	Elevation of depressed skull fracture; simple, extradural
62005	-	-	908.42	-	-	Elevation of depressed skull fracture; compound or comminuted, extradural
62010	-	-	1,097.20	-	-	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain
62100	-	-	1,159.48	-	-	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea
62115	-	-	907.09	-	-	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
62116	-	-	1,276.80	-	-	Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty
62117	-	-	1,295.29	-	-	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)
62120	-	-	1,287.16	-	-	Repair of encephalocele, skull vault, including cranioplasty
62121	-	-	1,231.94	-	-	Craniotomy for repair of encephalocele, skull base
62140	-	-	753.08	-	-	Cranioplasty for skull defect; up to 5 cm diameter
62141	-	-	826.15	-	-	Cranioplasty for skull defect; larger than 5 cm diameter
62142	-	-	639.99	-	-	Removal of bone flap or prosthetic plate of skull
62143	-	-	746.53	-	-	Replacement of bone flap or prosthetic plate of skull
62145	-	-	1,017.98	-	-	Cranioplasty for skull defect with reparative brain surgery
62146	-	-	891.04	-	-	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter
62147	-	-	1,049.19	-	-	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter
62148	-	-	90.81	-	-	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)
62160	-	-	137.47	-	-	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)
62161	-	-	1,091.62	-	-	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
62162	-	-	1,363.60	-	-	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage
62163	-	-	884.24	-	-	Neuroendoscopy, intracranial; with retrieval of foreign body
62164	-	-	1,491.29	-	-	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage
62165	-	-	1,136.71	-	-	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach
62180	-	-	1,152.59	-	-	Ventriculocisternostomy (Torkildsen type operation)
62190	-	-	663.90	-	-	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular
62192	-	-	701.74	-	-	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus
62194	-	-	294.85	-	-	Replacement or irrigation, subarachnoid/subdural catheter
62200	-	-	990.36	-	-	Ventriculocisternostomy, third ventricle;
62201	-	-	864.68	-	-	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method
62220	-	-	731.40	-	-	Creation of shunt; ventriculo-atrial, -jugular, -auricular
62223	-	-	759.82	-	-	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus
62225	-	-	373.09	-	-	Replacement or irrigation, ventricular catheter
62230	-	-	605.70	-	-	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
62252	-	-	70.19	33.22	36.97	Reprogramming of programmable cerebrospinal shunt
62256	-	-	431.31	-	-	Removal of complete cerebrospinal fluid shunt system; without replacement

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
62258	-	-	808.48	-	-	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation
62263	552.54	298.94	-	-	-	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	318.88	171.18	-	-	-	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62267	188.54	116.92	-	-	-	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes
62268	267.48	191.12	-	-	-	Percutaneous aspiration, spinal cord cyst or syrinx
62269	287.44	194.64	-	-	-	Biopsy of spinal cord, percutaneous needle
62270	120.19	57.49	-	-	-	Spinal puncture, lumbar, diagnostic
62272	149.98	61.64	-	-	-	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
62273	127.65	81.67	-	-	-	Injection, epidural, of blood or clot patch
62280	251.00	118.63	-	-	-	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	200.38	110.64	-	-	-	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
62282	229.26	103.30	-	-	-	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62284	167.97	64.30	-	-	-	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)
62287	-	-	409.93	-	-	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)
62290	258.49	126.12	-	-	-	Injection procedure for discography, each level; lumbar
62291	243.77	121.71	-	-	-	Injection procedure for discography, each level; cervical or thoracic
62292	-	-	405.63	-	-	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
62294	-	-	506.32	-	-	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
62310	180.46	76.24	-	-	-	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62311	155.44	62.92	-	-	-	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
62318	185.28	72.42	-	-	-	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62319	146.61	68.86	-	-	-	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62350	-	-	287.68	-	-	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62351	-	-	625.35	-	-	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
62355	-	-	218.59	-	-	Removal of previously implanted intrathecal or epidural catheter
62360	-	-	222.64	-	-	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	-	-	287.28	-	-	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
62362	-	-	299.84	-	-	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
62365	-	-	240.61	-	-	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62367	30.66	17.84	-	-	-	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming
62368	43.98	27.81	-	-	-	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
62369	94.70	25.38	-	-	-	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill
62370	98.53	33.95	-	-	-	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring physician's skill)
63001	-	-	891.37	-	-	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical
63003	-	-	895.91	-	-	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63005	-	-	854.58	-	-	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
63011	-	-	790.44	-	-	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral
63012	-	-	861.78	-	-	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63015	-	-	1,069.74	-	-	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical
63016	-	-	1,095.45	-	-	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic
63017	-	-	902.99	-	-	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar
63020	-	-	845.86	-	-	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, cervical

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63030	-	-	704.19	-	-	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, lumbar
63035	-	-	140.75	-	-	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
63040	-	-	1,016.51	-	-	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
63042	-	-	946.38	-	-	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
63043	-	-	I.C.	-	-	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63044	-	-	I.C.	-	-	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)
63045	-	-	919.57	-	-	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical
63046	-	-	878.05	-	-	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic
63047	-	-	800.64	-	-	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar
63048	-	-	155.36	-	-	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63050	-	-	1,130.63	-	-	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63051	-	-	1,244.23	-	-	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)
63055	-	-	1,176.40	-	-	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
63056	-	-	1,074.58	-	-	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)
63057	-	-	235.02	-	-	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
63064	-	-	1,279.29	-	-	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment
63066	-	-	149.89	-	-	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)
63075	-	-	997.75	-	-	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63076	-	-	182.24	-	-	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
63077	-	-	1,092.52	-	-	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace
63078	-	-	142.89	-	-	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)
63081	-	-	1,284.47	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
63082	-	-	196.11	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
63085	-	-	1,377.68	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
63086	-	-	139.86	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63087	-	-	1,739.04	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment
63088	-	-	190.24	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)
63090	-	-	1,436.04	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment
63091	-	-	131.08	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)
63101	-	-	1,680.71	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment
63102	-	-	1,634.26	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63103	-	-	214.69	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)
63170	-	-	1,136.21	-	-	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
63172	-	-	1,011.76	-	-	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
63173	-	-	1,242.54	-	-	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space
63180	-	-	1,049.24	-	-	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments
63182	-	-	1,124.49	-	-	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments
63185	-	-	854.57	-	-	Laminectomy with rhizotomy; 1 or 2 segments
63190	-	-	928.52	-	-	Laminectomy with rhizotomy; more than 2 segments
63191	-	-	866.68	-	-	Laminectomy with section of spinal accessory nerve
63194	-	-	1,015.38	-	-	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical
63195	-	-	1,098.74	-	-	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic
63196	-	-	1,069.56	-	-	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical
63197	-	-	1,229.73	-	-	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic
63198	-	-	1,175.04	-	-	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63199	-	-	1,301.48	-	-	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic
63200	-	-	1,094.85	-	-	Laminectomy, with release of tethered spinal cord, lumbar
63250	-	-	2,128.19	-	-	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251	-	-	2,181.79	-	-	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63252	-	-	2,179.88	-	-	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63265	-	-	1,202.96	-	-	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266	-	-	1,238.06	-	-	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63267	-	-	994.67	-	-	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63268	-	-	1,038.48	-	-	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63270	-	-	1,490.02	-	-	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271	-	-	1,489.50	-	-	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic
63272	-	-	1,370.99	-	-	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63273	-	-	1,324.04	-	-	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63275	-	-	1,293.07	-	-	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276	-	-	1,286.36	-	-	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63277	-	-	1,122.45	-	-	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63278	-	-	1,135.15	-	-	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63280	-	-	1,522.77	-	-	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63281	-	-	1,508.37	-	-	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic
63282	-	-	1,422.08	-	-	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63283	-	-	1,362.45	-	-	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral
63285	-	-	1,870.28	-	-	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63286	-	-	1,850.25	-	-	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic
63287	-	-	1,971.01	-	-	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
63290	-	-	1,998.76	-	-	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
63295	-	-	237.96	-	-	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)
63300	-	-	1,322.99	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63301	-	-	1,558.74	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63302	-	-	1,542.64	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach
63303	-	-	1,635.88	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63304	-	-	1,684.47	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
63305	-	-	1,762.32	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach
63306	-	-	1,632.50	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach
63307	-	-	1,718.83	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63308	-	-	234.21	-	-	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)
63600	-	-	623.27	-	-	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63610	666.25	288.36	-	-	-	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63615	-	-	874.17	-	-	Stereotactic biopsy, aspiration, or excision of lesion, spinal cord
63620	-	-	760.44	-	-	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
63621	-	-	178.66	-	-	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)
63650	-	-	307.95	-	-	Percutaneous implantation of neurostimulator electrode array, epidural
63655	-	-	625.51	-	-	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63661	464.97	245.65	-	-	-	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63662	-	-	532.99	-	-	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
63663	661.77	354.66	-	-	-	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63664	-	-	553.93	-	-	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
63685	-	-	292.79	-	-	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	-	-	265.16	-	-	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63700	-	-	923.32	-	-	Repair of meningocele; less than 5 cm diameter
63702	-	-	1,022.15	-	-	Repair of meningocele; larger than 5 cm diameter
63704	-	-	1,162.16	-	-	Repair of myelomeningocele; less than 5 cm diameter

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63706	-	-	1,312.46	-	-	Repair of myelomeningocele; larger than 5 cm diameter
63707	-	-	660.27	-	-	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy
63709	-	-	797.94	-	-	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy
63710	-	-	799.38	-	-	Dural graft, spinal
63740	-	-	679.97	-	-	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy
63741	-	-	447.19	-	-	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy
63744	-	-	478.15	-	-	Replacement, irrigation or revision of lumbosubarachnoid shunt
63746	-	-	425.92	-	-	Removal of entire lumbosubarachnoid shunt system without replacement
64400	86.78	48.88	-	-	-	Injection, anesthetic agent; trigeminal nerve, any division or branch
64402	85.99	53.38	-	-	-	Injection, anesthetic agent; facial nerve
64405	84.98	57.95	-	-	-	Injection, anesthetic agent; greater occipital nerve
64408	93.95	67.75	-	-	-	Injection, anesthetic agent; vagus nerve
64410	113.18	60.23	-	-	-	Injection, anesthetic agent; phrenic nerve
64412	116.15	54.56	-	-	-	Injection, anesthetic agent; spinal accessory nerve
64413	90.27	57.66	-	-	-	Injection, anesthetic agent; cervical plexus
64415	93.88	48.74	-	-	-	Injection, anesthetic agent; brachial plexus, single
64416	-	-	58.68	-	-	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)
64417	99.05	50.83	-	-	-	Injection, anesthetic agent; axillary nerve
64418	106.36	54.24	-	-	-	Injection, anesthetic agent; suprascapular nerve
64420	106.03	49.18	-	-	-	Injection, anesthetic agent; intercostal nerve, single
64421	152.22	67.23	-	-	-	Injection, anesthetic agent; intercostal nerves, multiple, regional block

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64425	98.74	68.92	-	-	-	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64430	110.40	61.35	-	-	-	Injection, anesthetic agent; pudendal nerve
64435	108.10	61.00	-	-	-	Injection, anesthetic agent; paracervical (uterine) nerve
64445	102.61	54.96	-	-	-	Injection, anesthetic agent; sciatic nerve, single
64446	-	-	59.79	-	-	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)
64447	91.02	47.55	-	-	-	Injection, anesthetic agent; femoral nerve, single
64448	-	-	53.11	-	-	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)
64449	-	-	60.90	-	-	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
64450	78.21	50.62	-	-	-	Injection, anesthetic agent; other peripheral nerve or branch
64455	36.64	26.88	-	-	-	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)
64479	206.74	96.67	-	-	-	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
64480	97.59	48.83	-	-	-	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	189.22	76.36	-	-	-	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
64484	82.82	39.07	-	-	-	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64490	152.55	82.88	-	-	-	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491	74.43	46.28	-	-	-	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
64492	75.27	47.12	-	-	-	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
64493	136.65	70.05	-	-	-	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64494	67.49	39.35	-	-	-	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
64495	68.61	39.90	-	-	-	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
64505	74.35	61.25	-	-	-	Injection, anesthetic agent; sphenopalatine ganglion

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64508	79.21	54.96	-	-	-	Injection, anesthetic agent; carotid sinus (separate procedure)
64510	105.24	51.73	-	-	-	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	132.40	88.37	-	-	-	Injection, anesthetic agent; superior hypogastric plexus
64520	150.65	58.13	-	-	-	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	151.48	67.04	-	-	-	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64550	12.07	6.49	-	-	-	Application of surface (transcutaneous) neurostimulator
64553	156.69	118.79	-	-	-	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	154.06	110.86	-	-	-	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64561	766.91	303.19	-	-	-	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64565	135.49	93.13	-	-	-	Percutaneous implantation of neurostimulator electrodes; neuromuscular
64566	103.24	21.86	-	-	-	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
64568	-	-	481.80	-	-	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64569	-	-	449.89	-	-	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	-	-	393.66	-	-	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64575	-	-	214.64	-	-	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64580	-	-	223.90	-	-	Incision for implantation of neurostimulator electrodes; neuromuscular
64581	-	-	520.24	-	-	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64585	228.86	114.32	-	-	-	Revision or removal of peripheral neurostimulator electrodes
64590	222.97	126.27	-	-	-	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	224.13	100.39	-	-	-	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
64600	318.64	162.58	-	-	-	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	505.82	254.18	-	-	-	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64610	550.45	352.87	-	-	-	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64611	75.73	67.92	-	-	-	Chemodenervation of parotid and submandibular salivary glands, bilateral
64612	127.01	114.47	-	-	-	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)
64613	121.72	106.39	-	-	-	Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)
64614	131.54	112.59	-	-	-	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)
64620	182.63	125.78	-	-	-	Destruction by neurolytic agent, intercostal nerve
64630	170.43	139.77	-	-	-	Destruction by neurolytic agent; pudendal nerve

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64632	64.24	52.25	-	-	-	Destruction by neurolytic agent; plantar common digital nerve
64633	339.40	171.50	-	-	-	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
64634	156.80	50.84	-	-	-	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); cervical or thoracic, each addition facet joint (List separately in addition to code for primary procedure)
64635	333.54	168.01	-	-	-	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
64636	141.22	44.22	-	-	-	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
64640	166.11	125.42	-	-	-	Destruction by neurolytic agent; other peripheral nerve or branch
64650	71.65	29.29	-	-	-	Chemodenervation of eccrine glands; both axillae
64653	84.55	38.01	-	-	-	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
64680	244.65	121.19	-	-	-	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
64681	289.64	146.68	-	-	-	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
64702	-	-	359.83	-	-	Neuroplasty; digital, 1 or both, same digit
64704	-	-	241.42	-	-	Neuroplasty; nerve of hand or foot
64708	-	-	359.37	-	-	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified
64712	-	-	406.42	-	-	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve
64713	-	-	556.72	-	-	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64714	-	-	493.84	-	-	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus
64716	-	-	398.03	-	-	Neuroplasty and/or transposition; cranial nerve (specify)
64718	-	-	433.34	-	-	Neuroplasty and/or transposition; ulnar nerve at elbow
64719	-	-	294.15	-	-	Neuroplasty and/or transposition; ulnar nerve at wrist
64721	315.97	314.30	-	-	-	Neuroplasty and/or transposition; median nerve at carpal tunnel
64722	-	-	254.58	-	-	Decompression; unspecified nerve(s) (specify)
64726	-	-	206.74	-	-	Decompression; plantar digital nerve
64727	-	-	135.48	-	-	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
64732	-	-	308.02	-	-	Transection or avulsion of; supraorbital nerve
64734	-	-	318.89	-	-	Transection or avulsion of; infraorbital nerve
64736	-	-	316.34	-	-	Transection or avulsion of; mental nerve
64738	-	-	377.94	-	-	Transection or avulsion of; inferior alveolar nerve by osteotomy
64740	-	-	345.42	-	-	Transection or avulsion of; lingual nerve
64742	-	-	356.67	-	-	Transection or avulsion of; facial nerve, differential or complete
64744	-	-	336.46	-	-	Transection or avulsion of; greater occipital nerve
64746	-	-	322.75	-	-	Transection or avulsion of; phrenic nerve
64752	-	-	377.11	-	-	Transection or avulsion of; vagus nerve (vagotomy), transthoracic
64755	-	-	653.66	-	-	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)
64760	-	-	361.80	-	-	Transection or avulsion of; vagus nerve (vagotomy), abdominal

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64761	-	-	330.98	-	-	Transection or avulsion of; pudendal nerve
64763	-	-	387.83	-	-	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
64766	-	-	439.24	-	-	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
64771	-	-	420.74	-	-	Transection or avulsion of other cranial nerve, extradural
64772	-	-	422.55	-	-	Transection or avulsion of other spinal nerve, extradural
64774	-	-	306.15	-	-	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	-	-	288.79	-	-	Excision of neuroma; digital nerve, 1 or both, same digit
64778	-	-	140.36	-	-	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)
64782	-	-	334.25	-	-	Excision of neuroma; hand or foot, except digital nerve
64783	-	-	161.41	-	-	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)
64784	-	-	537.12	-	-	Excision of neuroma; major peripheral nerve, except sciatic
64786	-	-	788.61	-	-	Excision of neuroma; sciatic nerve
64787	-	-	179.15	-	-	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
64788	-	-	292.87	-	-	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790	-	-	608.84	-	-	Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792	-	-	816.11	-	-	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64795	-	-	143.50	-	-	Biopsy of nerve
64802	-	-	457.42	-	-	Sympathectomy, cervical
64804	-	-	598.21	-	-	Sympathectomy, cervicothoracic
64809	-	-	630.00	-	-	Sympathectomy, thoracolumbar
64818	-	-	485.63	-	-	Sympathectomy, lumbar

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64820	-	-	563.45	-	-	Sympathectomy; digital arteries, each digit
64821	-	-	509.62	-	-	Sympathectomy; radial artery
64822	-	-	505.44	-	-	Sympathectomy; ulnar artery
64823	-	-	571.61	-	-	Sympathectomy; superficial palmar arch
64831	-	-	505.24	-	-	Suture of digital nerve, hand or foot; 1 nerve
64832	-	-	251.06	-	-	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)
64834	-	-	548.71	-	-	Suture of 1 nerve; hand or foot, common sensory nerve
64835	-	-	596.30	-	-	Suture of 1 nerve; median motor thenar
64836	-	-	596.86	-	-	Suture of 1 nerve; ulnar motor
64837	-	-	265.98	-	-	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)
64840	-	-	653.43	-	-	Suture of posterior tibial nerve
64856	-	-	747.91	-	-	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857	-	-	778.51	-	-	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858	-	-	898.78	-	-	Suture of sciatic nerve
64859	-	-	193.77	-	-	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64861	-	-	941.20	-	-	Suture of; brachial plexus
64862	-	-	1,053.86	-	-	Suture of; lumbar plexus
64864	-	-	643.44	-	-	Suture of facial nerve; extracranial
64865	-	-	857.02	-	-	Suture of facial nerve; infratemporal, with or without grafting
64866	-	-	858.21	-	-	Anastomosis; facial-spinal accessory
64868	-	-	780.38	-	-	Anastomosis; facial-hypoglossal
64870	-	-	792.38	-	-	Anastomosis; facial-phrenic
64872	-	-	85.32	-	-	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64874	-	-	129.99	-	-	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876	-	-	141.83	-	-	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
64885	-	-	830.86	-	-	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
64886	-	-	974.28	-	-	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64890	-	-	797.94	-	-	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891	-	-	868.08	-	-	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64892	-	-	774.04	-	-	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893	-	-	828.51	-	-	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
64895	-	-	998.95	-	-	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896	-	-	1,107.04	-	-	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897	-	-	939.77	-	-	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898	-	-	1,014.29	-	-	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64901	-	-	461.74	-	-	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)
64902	-	-	532.65	-	-	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
64905	-	-	756.48	-	-	Nerve pedicle transfer; first stage
64907	-	-	856.24	-	-	Nerve pedicle transfer; second stage

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64910	-	-	609.28	-	-	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
64911	-	-	755.97	-	-	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
64999	-	-	I.C.	-	-	Unlisted procedure, nervous system
65091	-	-	471.33	-	-	Evisceration of ocular contents; without implant
65093	-	-	467.87	-	-	Evisceration of ocular contents; with implant
65101	-	-	546.57	-	-	Enucleation of eye; without implant
65103	-	-	570.31	-	-	Enucleation of eye; with implant, muscles not attached to implant
65105	-	-	628.46	-	-	Enucleation of eye; with implant, muscles attached to implant
65110	-	-	882.51	-	-	Exenteration of orbit (does not include skin graft), removal of orbital contents; only
65112	-	-	1,030.03	-	-	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone
65114	-	-	1,078.05	-	-	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap
65125	341.26	215.02	-	-	-	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)
65130	-	-	540.92	-	-	Insertion of ocular implant secondary; after evisceration, in scleral shell
65135	-	-	549.55	-	-	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant
65140	-	-	586.86	-	-	Insertion of ocular implant secondary; after enucleation, muscles attached to implant
65150	-	-	415.37	-	-	Reinsertion of ocular implant; with or without conjunctival graft
65155	-	-	627.65	-	-	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant
65175	-	-	478.20	-	-	Removal of ocular implant

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
65205	40.50	31.58	-	-	-	Removal of foreign body, external eye; conjunctival superficial
65210	50.43	38.72	-	-	-	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220	41.80	30.37	-	-	-	Removal of foreign body, external eye; corneal, without slit lamp
65222	55.48	42.38	-	-	-	Removal of foreign body, external eye; corneal, with slit lamp
65235	-	-	512.51	-	-	Removal of foreign body, intraocular; from anterior chamber of eye or lens
65260	-	-	678.00	-	-	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route
65265	-	-	800.72	-	-	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction
65270	197.40	101.81	-	-	-	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
65272	361.81	247.83	-	-	-	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization
65273	-	-	269.72	-	-	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization
65275	414.27	330.95	-	-	-	Repair of laceration; cornea, nonperforating, with or without removal foreign body
65280	-	-	493.00	-	-	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue
65285	-	-	759.00	-	-	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue
65286	516.88	357.47	-	-	-	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera
65290	-	-	362.64	-	-	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule
65400	493.25	435.56	-	-	-	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65410	106.81	77.55	-	-	-	Biopsy of cornea

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
65420	379.55	273.10	-	-	-	Excision or transposition of pterygium; without graft
65426	478.41	346.32	-	-	-	Excision or transposition of pterygium; with graft
65430	83.69	75.33	-	-	-	Scraping of cornea, diagnostic, for smear and/or culture
65435	58.95	51.43	-	-	-	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	283.84	271.85	-	-	-	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)
65450	236.13	233.35	-	-	-	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization
65600	286.96	248.22	-	-	-	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)
65710	-	-	802.08	-	-	Keratoplasty (corneal transplant); anterior lamellar
65730	-	-	888.84	-	-	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
65750	-	-	891.95	-	-	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	-	-	890.02	-	-	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65756	-	-	834.01	-	-	Keratoplasty (corneal transplant); endothelial
65757	-	-	I.C.	-	-	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)
65760	-	-	I.C.	-	-	Keratomileusis
65765	-	-	I.C.	-	-	Keratophakia
65767	-	-	I.C.	-	-	Epikeratoplasty
65770	-	-	1,099.34	-	-	Keratoprosthesis
65771	-	-	I.C.	-	-	Radial keratotomy
65772	326.99	292.99	-	-	-	Corneal relaxing incision for correction of surgically induced astigmatism
65775	-	-	391.79	-	-	Corneal wedge resection for correction of surgically induced astigmatism
65778	1,023.12	55.55	-	-	-	Placement of amniotic membrane on the ocular surface for wound healing; self retaining

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
65779	911.48	218.69	-	-	-	Placement of amniotic membrane on the ocular surface for wound healing; single layer, sutured
65780	-	-	644.72	-	-	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
65781	-	-	947.50	-	-	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)
65782	-	-	854.61	-	-	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
65800	108.65	94.99	-	-	-	Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous
65805	121.09	96.29	-	-	-	Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous
65810	-	-	342.33	-	-	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection
65815	472.53	349.36	-	-	-	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
65820	-	-	533.65	-	-	Goniotomy
65850	-	-	617.45	-	-	Trabeculotomy ab externo
65855	248.99	217.78	-	-	-	Trabeculoplasty by laser surgery, 1 or more sessions (defined treatment series)
65860	241.75	199.67	-	-	-	Severing adhesions of anterior segment, laser technique (separate procedure)
65865	-	-	336.98	-	-	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae
65870	-	-	433.81	-	-	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
65875	-	-	456.81	-	-	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae
65880	-	-	469.89	-	-	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions
65900	-	-	683.96	-	-	Removal of epithelial downgrowth, anterior chamber of eye
65920	-	-	568.94	-	-	Removal of implanted material, anterior segment of eye
65930	-	-	469.34	-	-	Removal of blood clot, anterior segment of eye
66020	135.10	93.30	-	-	-	Injection, anterior chamber of eye (separate procedure); air or liquid
66030	122.59	80.51	-	-	-	Injection, anterior chamber of eye (separate procedure); medication
66130	521.25	423.99	-	-	-	Excision of lesion, sclera
66150	-	-	620.43	-	-	Fistulization of sclera for glaucoma; trephination with iridectomy
66155	-	-	619.90	-	-	Fistulization of sclera for glaucoma; thermocauterization with iridectomy
66160	-	-	699.26	-	-	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy
66165	-	-	608.20	-	-	Fistulization of sclera for glaucoma; iridencleisis or iridotasis
66170	-	-	864.84	-	-	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
66172	-	-	1,090.06	-	-	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
66174	-	-	737.40	-	-	Transluminal dilation of aqueous outflow canal; without retention of device or stent
66175	-	-	818.13	-	-	Transluminal dilation of aqueous outflow canal; with retention of device or stent

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
66180	-	-	841.01	-	-	Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)
66185	-	-	548.20	-	-	Revision of aqueous shunt to extraocular reservoir
66220	-	-	533.80	-	-	Repair of scleral staphyloma; without graft
66225	-	-	687.19	-	-	Repair of scleral staphyloma; with graft
66250	557.57	410.15	-	-	-	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
66500	-	-	252.95	-	-	Iridotomy by stab incision (separate procedure); except transfixion
66505	-	-	277.16	-	-	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe
66600	-	-	587.64	-	-	Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605	-	-	745.79	-	-	Iridectomy, with corneoscleral or corneal section; with cyclectomy
66625	-	-	311.35	-	-	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)
66630	-	-	415.64	-	-	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
66635	-	-	406.54	-	-	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
66680	-	-	382.18	-	-	Repair of iris, ciliary body (as for iridodialysis)
66682	-	-	466.99	-	-	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
66700	322.73	280.65	-	-	-	Ciliary body destruction; diathermy
66710	326.12	290.18	-	-	-	Ciliary body destruction; cyclophotocoagulation, transscleral
66711	-	-	454.56	-	-	Ciliary body destruction; cyclophotocoagulation, endoscopic
66720	341.53	305.02	-	-	-	Ciliary body destruction; cryotherapy
66740	311.23	278.62	-	-	-	Ciliary body destruction; cyclodialysis
66761	243.15	204.69	-	-	-	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
66762	344.04	306.98	-	-	-	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
66770	374.95	341.23	-	-	-	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)
66820	-	-	290.90	-	-	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
66821	240.58	226.09	-	-	-	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)
66825	-	-	551.35	-	-	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
66830	-	-	504.20	-	-	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840	-	-	513.24	-	-	Removal of lens material; aspiration technique, 1 or more stages
66850	-	-	573.38	-	-	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	-	-	619.23	-	-	Removal of lens material; pars plana approach, with or without vitrectomy
66920	-	-	533.18	-	-	Removal of lens material; intracapsular
66930	-	-	605.60	-	-	Removal of lens material; intracapsular, for dislocated lens
66940	-	-	571.13	-	-	Removal of lens material; extracapsular (other than 66840, 66850, 66852)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
66982	-	-	769.31	-	-	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage
66983	-	-	525.66	-	-	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
66984	-	-	554.98	-	-	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)
66985	-	-	554.76	-	-	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	-	-	658.62	-	-	Exchange of intraocular lens
66990	-	-	63.77	-	-	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)
66999	-	-	I.C.	-	-	Unlisted procedure, anterior segment of eye
67005	-	-	349.65	-	-	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67010	-	-	392.50	-	-	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
67015	-	-	421.09	-	-	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
67025	534.55	462.93	-	-	-	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67027	-	-	623.48	-	-	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
67028	98.20	80.92	-	-	-	Intravitreal injection of a pharmacologic agent (separate procedure)
67030	-	-	376.42	-	-	Discission of vitreous strands (without removal), pars plana approach
67031	281.61	257.36	-	-	-	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)
67036	-	-	694.76	-	-	Vitrectomy, mechanical, pars plana approach;
67039	-	-	906.40	-	-	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040	-	-	1,028.67	-	-	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67041	-	-	955.50	-	-	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)
67042	-	-	1,091.16	-	-	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)
67043	-	-	1,164.37	-	-	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation
67101	574.75	493.38	-	-	-	Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67105	523.01	465.60	-	-	-	Repair of retinal detachment, 1 or more sessions; photocoagulation, with or without drainage of subretinal fluid
67107	-	-	891.09	-	-	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid
67108	-	-	1,161.00	-	-	Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
67110	629.67	558.05	-	-	-	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)
67112	-	-	958.54	-	-	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques
67113	-	-	1,258.34	-	-	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens
67115	-	-	359.39	-	-	Release of encircling material (posterior segment)
67120	487.06	411.26	-	-	-	Removal of implanted material, posterior segment; extraocular
67121	-	-	665.38	-	-	Removal of implanted material, posterior segment; intraocular

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67141	383.92	356.61	-	-	-	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy
67145	381.83	359.26	-	-	-	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)
67208	424.10	408.21	-	-	-	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy
67210	501.05	483.49	-	-	-	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation
67218	-	-	977.27	-	-	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)
67220	779.03	740.85	-	-	-	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions
67221	213.35	155.95	-	-	-	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67225	21.13	19.74	-	-	-	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)
67227	433.18	403.36	-	-	-	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), 1 or more sessions, cryotherapy, diathermy
67228	858.90	768.61	-	-	-	Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67229	-	-	804.22	-	-	Treatment of extensive or progressive retinopathy, 1 or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy
67250	-	-	573.92	-	-	Scleral reinforcement (separate procedure); without graft
67255	-	-	623.02	-	-	Scleral reinforcement (separate procedure); with graft
67299	-	-	I.C.	-	-	Unlisted procedure, posterior segment
67311	-	-	437.53	-	-	Strabismus surgery, recession or resection procedure; 1 horizontal muscle
67312	-	-	525.31	-	-	Strabismus surgery, recession or resection procedure; 2 horizontal muscles
67314	-	-	491.28	-	-	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)
67316	-	-	590.04	-	-	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)
67318	-	-	498.23	-	-	Strabismus surgery, any procedure, superior oblique muscle
67320	-	-	226.11	-	-	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
67331	-	-	223.16	-	-	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)
67332	-	-	242.67	-	-	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67334	-	-	211.51	-	-	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)
67335	-	-	109.39	-	-	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)
67340	-	-	251.69	-	-	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)
67343	-	-	481.57	-	-	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
67345	177.13	159.85	-	-	-	Chemodenervation of extraocular muscle
67346	-	-	149.60	-	-	Biopsy of extraocular muscle
67399	-	-	I.C.	-	-	Unlisted procedure, ocular muscle
67400	-	-	688.18	-	-	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405	-	-	577.59	-	-	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only
67412	-	-	631.29	-	-	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion
67413	-	-	636.05	-	-	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body
67414	-	-	953.81	-	-	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression
67415	-	-	76.03	-	-	Fine needle aspiration of orbital contents
67420	-	-	1,202.53	-	-	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
67430	-	-	889.48	-	-	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67440	-	-	875.63	-	-	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage
67445	-	-	1,038.17	-	-	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression
67450	-	-	910.05	-	-	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy
67500	60.03	54.18	-	-	-	Retrobulbar injection; medication (separate procedure, does not include supply of medication)
67505	65.65	59.25	-	-	-	Retrobulbar injection; alcohol
67515	70.20	64.62	-	-	-	Injection of medication or other substance into Tenon's capsule
67550	-	-	716.26	-	-	Orbital implant (implant outside muscle cone); insertion
67560	-	-	718.27	-	-	Orbital implant (implant outside muscle cone); removal or revision
67570	-	-	893.02	-	-	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)
67599	-	-	I.C.	-	-	Unlisted procedure, orbit
67700	200.34	84.69	-	-	-	Blepharotomy, drainage of abscess, eyelid
67710	169.59	72.06	-	-	-	Severing of tarsorrhaphy
67715	178.52	80.98	-	-	-	Canthotomy (separate procedure)
67800	93.48	76.20	-	-	-	Excision of chalazion; single
67801	119.97	99.07	-	-	-	Excision of chalazion; multiple, same lid
67805	149.49	122.18	-	-	-	Excision of chalazion; multiple, different lids
67808	-	-	271.54	-	-	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
67810	166.98	67.21	-	-	-	Biopsy of eyelid
67820	37.34	39.29	-	-	-	Correction of trichiasis; epilation, by forceps only
67825	95.35	89.78	-	-	-	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
67830	200.26	102.16	-	-	-	Correction of trichiasis; incision of lid margin

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67835	-	-	325.00	-	-	Correction of trichiasis; incision of lid margin, with free mucous membrane graft
67840	206.54	116.25	-	-	-	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
67850	164.17	102.02	-	-	-	Destruction of lesion of lid margin (up to 1 cm)
67875	128.53	71.68	-	-	-	Temporary closure of eyelids by suture (eg, Frost suture)
67880	338.61	270.06	-	-	-	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;
67882	418.11	348.44	-	-	-	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate
67900	475.56	376.07	-	-	-	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	537.28	424.70	-	-	-	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	-	-	529.84	-	-	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	447.80	361.41	-	-	-	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	541.84	438.45	-	-	-	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	-	-	361.06	-	-	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	366.22	317.46	-	-	-	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	399.60	325.48	-	-	-	Reduction of overcorrection of ptosis
67911	-	-	411.19	-	-	Correction of lid retraction
67912	670.58	361.25	-	-	-	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67914	289.25	212.61	-	-	-	Repair of ectropion; suture
67915	256.13	185.07	-	-	-	Repair of ectropion; thermocauterization

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67916	399.39	318.29	-	-	-	Repair of ectropion; excision tarsal wedge
67917	435.79	351.35	-	-	-	Repair of ectropion; extensive (eg, tarsal strip operations)
67921	277.17	200.54	-	-	-	Repair of entropion; suture
67922	247.66	177.99	-	-	-	Repair of entropion; thermocauterization
67923	421.53	344.34	-	-	-	Repair of entropion; excision tarsal wedge
67924	436.46	331.96	-	-	-	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67930	272.89	179.25	-	-	-	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
67935	443.24	329.82	-	-	-	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
67938	182.39	84.86	-	-	-	Removal of embedded foreign body, eyelid
67950	427.05	343.73	-	-	-	Canthoplasty (reconstruction of canthus)
67961	428.64	337.23	-	-	-	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	567.43	482.43	-	-	-	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin
67971	-	-	537.50	-	-	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67973	-	-	693.25	-	-	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
67974	-	-	691.13	-	-	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage
67975	-	-	508.71	-	-	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
67999	-	-	I.C.	-	-	Unlisted procedure, eyelids
68020	87.13	80.72	-	-	-	Incision of conjunctiva, drainage of cyst
68040	48.06	39.15	-	-	-	Expression of conjunctival follicles (eg, for trachoma)
68100	126.40	71.50	-	-	-	Biopsy of conjunctiva
68110	168.42	109.90	-	-	-	Excision of lesion, conjunctiva; up to 1 cm
68115	230.45	133.20	-	-	-	Excision of lesion, conjunctiva; over 1 cm
68130	390.24	293.26	-	-	-	Excision of lesion, conjunctiva; with adjacent sclera
68135	113.83	109.65	-	-	-	Destruction of lesion, conjunctiva
68200	31.18	25.33	-	-	-	Subconjunctival injection
68320	538.54	396.98	-	-	-	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325	-	-	486.55	-	-	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)
68326	-	-	476.55	-	-	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
68328	-	-	526.27	-	-	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)
68330	449.74	339.94	-	-	-	Repair of symblepharon; conjunctivoplasty, without graft
68335	-	-	477.42	-	-	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
68340	405.61	294.14	-	-	-	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
68360	394.29	302.89	-	-	-	Conjunctival flap; bridge or partial (separate procedure)
68362	-	-	484.12	-	-	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
68371	-	-	294.13	-	-	Harvesting conjunctival allograft, living donor
68399	-	-	I.C.	-	-	Unlisted procedure, conjunctiva
68400	212.00	99.41	-	-	-	Incision, drainage of lacrimal gland
68420	237.46	123.76	-	-	-	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)
68440	78.39	73.09	-	-	-	Snip incision of lacrimal punctum
68500	-	-	728.71	-	-	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505	-	-	720.41	-	-	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
68510	335.08	216.64	-	-	-	Biopsy of lacrimal gland
68520	-	-	497.85	-	-	Excision of lacrimal sac (dacryocystectomy)
68525	-	-	196.77	-	-	Biopsy of lacrimal sac
68530	322.22	191.80	-	-	-	Removal of foreign body or dacryolith, lacrimal passages
68540	-	-	671.73	-	-	Excision of lacrimal gland tumor; frontal approach
68550	-	-	821.60	-	-	Excision of lacrimal gland tumor; involving osteotomy
68700	-	-	445.87	-	-	Plastic repair of canaliculi
68705	177.11	123.04	-	-	-	Correction of everted punctum, cautery
68720	-	-	554.99	-	-	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
68745	-	-	562.52	-	-	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
68750	-	-	581.94	-	-	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
68760	150.27	107.91	-	-	-	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68761	108.99	87.25	-	-	-	Closure of the lacrimal punctum; by plug, each

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
68770	-	-	451.39	-	-	Closure of lacrimal fistula (separate procedure)
68801	92.38	79.56	-	-	-	Dilation of lacrimal punctum, with or without irrigation
68810	178.54	139.81	-	-	-	Probing of nasolacrimal duct, with or without irrigation;
68811	-	-	152.91	-	-	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68815	333.82	190.02	-	-	-	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
68816	538.59	185.23	-	-	-	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
68840	93.88	84.68	-	-	-	Probing of lacrimal canaliculi, with or without irrigation
68850	45.47	41.29	-	-	-	Injection of contrast medium for dacryocystography
68899	-	-	I.C.	-	-	Unlisted procedure, lacrimal system
69000	142.10	89.71	-	-	-	Drainage external ear, abscess or hematoma; simple
69005	164.39	119.25	-	-	-	Drainage external ear, abscess or hematoma; complicated
69020	182.87	110.41	-	-	-	Drainage external auditory canal, abscess
69090	-	-	I.C.	-	-	Ear piercing
69100	80.45	36.97	-	-	-	Biopsy external ear
69105	111.05	48.63	-	-	-	Biopsy external auditory canal
69110	357.51	252.44	-	-	-	Excision external ear; partial, simple repair
69120	-	-	311.15	-	-	Excision external ear; complete amputation
69140	-	-	683.01	-	-	Excision exostosis(es), external auditory canal
69145	308.72	192.51	-	-	-	Excision soft tissue lesion, external auditory canal
69150	-	-	798.10	-	-	Radical excision external auditory canal lesion; without neck dissection
69155	-	-	1,276.75	-	-	Radical excision external auditory canal lesion; with neck dissection
69200	96.57	43.07	-	-	-	Removal foreign body from external auditory canal; without general anesthesia

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
69205	-	-	77.96	-	-	Removal foreign body from external auditory canal; with general anesthesia
69210	38.08	23.87	-	-	-	Removal impacted cerumen (separate procedure), 1 or both ears
69220	108.89	47.31	-	-	-	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
69222	174.15	106.71	-	-	-	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)
69300	517.03	360.97	-	-	-	Otoplasty, protruding ear, with or without size reduction
69310	-	-	844.85	-	-	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)
69320	-	-	1,186.78	-	-	Reconstruction external auditory canal for congenital atresia, single stage
69399	-	-	I.C.	-	-	Unlisted procedure, external ear
69400	115.02	47.31	-	-	-	Eustachian tube inflation, transnasal; with catheterization
69401	66.43	37.73	-	-	-	Eustachian tube inflation, transnasal; without catheterization
69405	201.32	146.98	-	-	-	Eustachian tube catheterization, transtympanic
69420	150.72	93.03	-	-	-	Myringotomy including aspiration and/or eustachian tube inflation
69421	-	-	115.91	-	-	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69424	101.57	47.23	-	-	-	Ventilating tube removal requiring general anesthesia
69433	156.34	100.33	-	-	-	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436	-	-	124.82	-	-	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69440	-	-	531.04	-	-	Middle ear exploration through postauricular or ear canal incision
69450	-	-	420.56	-	-	Tympanolysis, transcanal
69501	-	-	561.11	-	-	Transmastoid antrotomy (simple mastoidectomy)
69502	-	-	743.90	-	-	Mastoidectomy; complete
69505	-	-	933.03	-	-	Mastoidectomy; modified radical
69511	-	-	956.35	-	-	Mastoidectomy; radical

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
69530	-	-	1,273.80	-	-	Petrous apicectomy including radical mastoidectomy
69535	-	-	2,039.42	-	-	Resection temporal bone, external approach
69540	165.87	99.55	-	-	-	Excision aural polyp
69550	-	-	808.25	-	-	Excision aural glomus tumor; transcanal
69552	-	-	1,207.89	-	-	Excision aural glomus tumor; transmastoid
69554	-	-	1,904.23	-	-	Excision aural glomus tumor; extended (extratemporal)
69601	-	-	802.33	-	-	Revision mastoidectomy; resulting in complete mastoidectomy
69602	-	-	835.74	-	-	Revision mastoidectomy; resulting in modified radical mastoidectomy
69603	-	-	979.41	-	-	Revision mastoidectomy; resulting in radical mastoidectomy
69604	-	-	857.63	-	-	Revision mastoidectomy; resulting in tympanoplasty
69605	-	-	1,204.75	-	-	Revision mastoidectomy; with apicectomy
69610	299.16	222.53	-	-	-	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch
69620	542.40	375.19	-	-	-	Myringoplasty (surgery confined to drumhead and donor area)
69631	-	-	681.58	-	-	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632	-	-	829.94	-	-	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)
69633	-	-	801.76	-	-	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
69635	-	-	946.18	-	-	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
69636	-	-	1,068.82	-	-	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
69637	-	-	1,065.60	-	-	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])
69641	-	-	799.73	-	-	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69642	-	-	1,027.08	-	-	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
69643	-	-	938.65	-	-	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
69644	-	-	1,143.50	-	-	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
69645	-	-	1,123.20	-	-	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
69646	-	-	1,188.83	-	-	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
69650	-	-	614.04	-	-	Stapes mobilization
69660	-	-	711.20	-	-	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;
69661	-	-	926.57	-	-	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
69662	-	-	885.38	-	-	Revision of stapedectomy or stapedotomy
69666	-	-	620.67	-	-	Repair oval window fistula
69667	-	-	621.75	-	-	Repair round window fistula
69670	-	-	724.38	-	-	Mastoid obliteration (separate procedure)
69676	-	-	641.84	-	-	Tympanic neurectomy
69700	-	-	530.57	-	-	Closure postauricular fistula, mastoid (separate procedure)
69710	-	-	I.C.	-	-	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711	-	-	665.19	-	-	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714	-	-	823.46	-	-	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69715	-	-	1,015.19	-	-	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69717	-	-	870.12	-	-	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
69718	-	-	1,026.26	-	-	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69720	-	-	902.49	-	-	Decompression facial nerve, intratemporal; lateral to geniculate ganglion
69725	-	-	1,432.13	-	-	Decompression facial nerve, intratemporal; including medial to geniculate ganglion
69740	-	-	893.05	-	-	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
69745	-	-	953.47	-	-	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion
69799	-	-	I.C.	-	-	Unlisted procedure, middle ear
69801	155.47	238.52	-	-	-	Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal
69805	-	-	804.67	-	-	Endolymphatic sac operation; without shunt
69806	-	-	723.86	-	-	Endolymphatic sac operation; with shunt
69820	-	-	661.93	-	-	Fenestration semicircular canal
69840	-	-	645.84	-	-	Revision fenestration operation
69905	-	-	707.61	-	-	Labyrinthectomy; transcanal
69910	-	-	780.01	-	-	Labyrinthectomy; with mastoidectomy
69915	-	-	1,171.12	-	-	Vestibular nerve section, translabyrinthine approach
69930	-	-	937.49	-	-	Cochlear device implantation, with or without mastoidectomy
69949	-	-	I.C.	-	-	Unlisted procedure, inner ear
69950	-	-	1,431.88	-	-	Vestibular nerve section, transcranial approach
69955	-	-	1,507.90	-	-	Total facial nerve decompression and/or repair (may include graft)
69960	-	-	1,462.76	-	-	Decompression internal auditory canal
69970	-	-	1,632.75	-	-	Removal of tumor, temporal bone
69979	-	-	I.C.	-	-	Unlisted procedure, temporal bone, middle fossa approach

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
69990	-	-	157.06	-	-	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)
80500	15.37	13.41	-	-	-	Clinical pathology consultation; limited, without review of patient's history and medical records
80502	46.87	45.48	-	-	-	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records
83020	-	-	-	14.25	-	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)
83912	-	-	-	13.41	-	Molecular diagnostics; interpretation and report
84165	-	-	-	13.97	-	Protein; electrophoretic fractionation and quantitation, serum
84166	-	-	-	13.97	-	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)
84181	-	-	-	14.25	-	Protein; Western Blot, with interpretation and report, blood or other body fluid
84182	-	-	-	13.97	-	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
85060	-	-	17.02	-	-	Blood smear, peripheral, interpretation by physician with written report
85097	66.32	34.55	-	-	-	Bone marrow, smear interpretation
85390	-	-	-	14.53	-	Fibrinolysins or coagulopathy screen, interpretation and report
85396	-	-	13.97	-	-	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day
85576	-	-	-	14.25	-	Platelet, aggregation (in vitro), each agent
86077	37.90	35.39	-	-	-	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
86078	38.18	35.67	-	-	-	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report
86079	38.18	35.67	-	-	-	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report
86255	-	-	-	14.25	-	Fluorescent noninfectious agent antibody; screen, each antibody
86256	-	-	-	13.88	-	Fluorescent noninfectious agent antibody; titer, each antibody
86320	-	-	-	13.88	-	Immunoelectrophoresis; serum
86325	-	-	-	13.60	-	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration
86327	-	-	-	16.30	-	Immunoelectrophoresis; crossed (2-dimensional assay)
86334	-	-	-	14.25	-	Immunofixation electrophoresis; serum
86335	-	-	-	13.97	-	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)
86486	-	-	4.09	-	-	Skin test; unlisted antigen, each
86490	-	-	5.48	-	-	Skin test; coccidioidomycosis
86510	-	-	5.20	-	-	Skin test; histoplasmosis
86580	-	-	6.04	-	-	Skin test; tuberculosis, intradermal
87164	-	-	-	14.25	-	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection
87207	-	-	-	14.25	-	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
88104	-	-	51.27	20.43	30.84	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88106	-	-	63.25	20.15	43.10	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88108	-	-	59.63	20.15	39.48	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)
88112	-	-	79.38	41.57	37.81	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal
88120	-	-	369.31	38.25	331.07	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual
88121	-	-	311.99	34.24	277.75	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology
88125	-	-	16.98	9.82	7.15	Cytopathology, forensic (eg, sperm)
88141	-	-	21.87	-	-	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
88160	-	-	42.57	18.14	24.43	Cytopathology, smears, any other source; screening and interpretation
88161	-	-	42.57	17.59	24.99	Cytopathology, smears, any other source; preparation, screening and interpretation
88162	-	-	60.94	27.32	33.63	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains
88172	-	-	39.14	22.24	16.91	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site
88173	-	-	107.31	50.56	56.76	Cytopathology, evaluation of fine needle aspirate; interpretation and report
88177	-	-	21.13	15.93	5.20	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88182	-	-	81.90	25.33	56.57	Flow cytometry, cell cycle or DNA analysis
88184	-	-	68.74	-	-	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185	-	-	41.15	-	-	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)
88187	-	-	49.74	-	-	Flow cytometry, interpretation; 2 to 8 markers
88188	-	-	61.72	-	-	Flow cytometry, interpretation; 9 to 15 markers
88189	-	-	75.44	-	-	Flow cytometry, interpretation; 16 or more markers
88199	-	-	I.C.	-	-	Unlisted cytopathology procedure
88291	-	-	21.78	-	-	Cytogenetics and molecular cytogenetics, interpretation and report
88299	-	-	I.C.	-	-	Unlisted cytogenetic study
88300	-	-	21.54	3.24	18.30	Level I - Surgical pathology, gross examination only
88302	-	-	43.09	4.73	38.36	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental, Fallopian tube, sterilization, Fingers/toes, amputation, traumatic, Foreskin, newborn, Hernia sac, any location, Hydrocele sac, Nerve, Skin, plastic repair, Sympathetic ganglion, Testis, castration, Vaginal mucosa, incidental, Vas deferens, sterilization

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88304	-	-	50.28	8.02	42.27	Level III - Surgical pathology, gross and microscopic examination Abortion, induced, Abscess, Aneurysm - arterial/ventricular, Anus, tag, Appendix, other than incidental, Artery, atheromatous plaque, Bartholin's gland cyst, Bone fragment(s), other than pathologic fracture, Bursa/synovial cyst, Carpal tunnel tissue, Cartilage, shavings, Cholesteatoma, Colon, colostomy stoma, Conjunctiva - biopsy/pterygium, Cornea, Diverticulum - esophagus/small intestine, Dupuytren's contracture tissue, Femoral head, other than fracture, Fissure/fistula, Foreskin, other than newborn, Gallbladder, Ganglion cyst, Hematoma, Hemorrhoids, Hydatid of Morgagni, Intervertebral disc, Joint, loose body, Meniscus, Mucocele, salivary, Neuroma - Morton's/traumatic, Pilonidal cyst/sinus, Polyps, inflammatory - nasal/sinusoidal, Skin - cyst/tag/debridement, Soft tissue, debridement, Soft tissue, lipoma, Spermatocele, Tendon/tendon sheath, Testicular appendage, Thrombus or embolus, Tonsil and/or adenoids, Varicocele, Vas deferens, other than sterilization, Vein, varicosity
88305	-	-	84.02	26.98	57.04	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed, Artery, biopsy, Bone marrow, biopsy, Bone exostosis, Brain/meninges, other than for tumor resection, Breast, biopsy, not requiring microscopic evaluation of surgical margins, Breast, reduction mammoplasty, Bronchus, biopsy, Cell block, any source, Cervix, biopsy, Colon, biopsy, Duodenum, biopsy, Endocervix, curettings/biopsy, Endometrium, curettings/biopsy, Esophagus, biopsy, Extremity, amputation, traumatic, Fallopian tube,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						biopsy, Fallopian tube, ectopic pregnancy, Femoral head, fracture, Fingers/toes, amputation, non-traumatic, Gingiva/oral mucosa, biopsy, Heart valve, Joint, resection, Kidney, biopsy, Larynx, biopsy, Leiomyoma(s), uterine myomectomy - without uterus, Lip, biopsy/wedge resection, Lung, transbronchial biopsy, Lymph node, biopsy, Muscle, biopsy, Nasal mucosa, biopsy, Nasopharynx/oropharynx, biopsy, Nerve, biopsy, Odontogenic/dental cyst, Omentum, biopsy, Ovary with or without tube, non-neoplastic, Ovary, biopsy/wedge resection, Parathyroid gland, Peritoneum, biopsy, Pituitary tumor, Placenta, other than third trimester, Pleura/pericardium - biopsy/tissue, Polyp, cervical/endometrial, Polyp, colorectal, Polyp, stomach/small intestine, Prostate, needle biopsy, Prostate, TUR, Salivary gland, biopsy, Sinus, paranasal biopsy, Skin, other than cyst/tag/debridement/plastic repair, Small intestine, biopsy, Soft tissue, other than tumor/mass/lipoma/debridement, Spleen, Stomach, biopsy, Synovium, Testis, other than tumor/biopsy/castration, Thyroglossal duct/brachial cleft cyst, Tongue, biopsy, Tonsil, biopsy, Trachea, biopsy, Ureter, biopsy, Urethra, biopsy, Urinary bladder, biopsy, Uterus, with or without tub

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88307	-	-	179.32	59.02	120.29	Level V – Surgical pathology, gross and microscopic examination Adrenal, resection, Bone – biopsy/curettings, Bone fragment(s), pathologic fracture, Brain, biopsy, Brain/meninges, tumor resection, Breast, excision of lesion, requiring microscopic evaluation of surgical margins, Breast, mastectomy – partial/simple, Cervix, conization, Colon, segmental resection, other than for tumor, Extremity, amputation, non-traumatic, Eye, enucleation, Kidney, partial/total nephrectomy, Larynx, partial/total resection, Liver, biopsy – needle/wedge, Liver, partial resection, Lung, wedge biopsy, Lymph nodes, regional resection, Mediastinum, mass, Myocardium, biopsy, Odontogenic tumor, Ovary with or without tube, neoplastic, Pancreas, biopsy, Placenta, third trimester, Prostate, except radical resection, Salivary gland, Sentinel lymph node, Small intestine, resection, other than for tumor, Soft tissue mass (except lipoma) – biopsy/simple excision, Stomach – subtotal/total resection, other than for tumor, Testis, biopsy, Thymus, tumor, Thyroid, total/lobe, Ureter, resection, Urinary bladder, TUR, Uterus, with or without tubes and ovaries, other than neoplastic/prolapse

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88309	-	-	269.92	102.99	166.92	Level VI - Surgical pathology, gross and microscopic examination Bone resection, Breast, mastectomy - with regional lymph nodes, Colon, segmental resection for tumor, Colon, total resection, Esophagus, partial/total resection, Extremity, disarticulation, Fetus, with dissection, Larynx, partial/total resection - with regional lymph nodes, Lung - total/lobe/segment resection, Pancreas, total/subtotal resection, Prostate, radical resection, Small intestine, resection for tumor, Soft tissue tumor, extensive resection, Stomach - subtotal/total resection for tumor, Testis, tumor, Tongue/tonsil - resection for tumor, Urinary bladder, partial/total resection, Uterus, with or without tubes and ovaries, neoplastic, Vulva, total/subtotal resection
88311	-	-	14.26	8.78	5.48	Decalcification procedure (List separately in addition to code for surgical pathology examination)
88312	-	-	85.34	19.39	65.95	Special stains; Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), including interpretation and report, each
88313	-	-	62.75	8.50	54.25	Special stains; Group II, all other (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains, including interpretation and report, each
88314	-	-	72.02	16.65	55.36	Special stains; histochemical staining with frozen section(s), including interpretation and report (List separately in addition to code for primary procedure)
88319	-	-	117.80	19.52	98.28	Determinative histochemistry or cytochemistry to identify enzyme constituents, each
88321	67.51	59.71	-	-	-	Consultation and report on referred slides prepared elsewhere
88323	-	-	109.89	61.77	48.12	Consultation and report on referred material requiring preparation of slides

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88325	153.32	94.52	-	-	-	Consultation, comprehensive, with review of records and specimens, with report on referred material
88329	39.81	25.32	-	-	-	Pathology consultation during surgery;
88331	-	-	70.43	44.33	26.10	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88332	-	-	30.82	21.72	9.10	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)
88333	-	-	73.17	44.56	28.61	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site
88334	-	-	45.17	27.15	18.02	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)
88342	-	-	81.79	30.33	51.46	Immunohistochemistry (including tissue immunoperoxidase), each antibody
88346	-	-	80.27	30.48	49.79	Immunofluorescent study, each antibody; direct method
88347	-	-	59.93	27.97	31.95	Immunofluorescent study, each antibody; indirect method
88348	-	-	551.82	54.02	497.80	Electron microscopy; diagnostic
88349	-	-	291.13	28.71	262.42	Electron microscopy; scanning
88355	-	-	167.96	61.32	106.64	Morphometric analysis; skeletal muscle
88356	-	-	219.41	95.22	124.19	Morphometric analysis; nerve
88358	-	-	57.46	30.80	26.66	Morphometric analysis; tumor (eg, DNA ploidy)
88360	-	-	96.76	38.61	58.15	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual
88361	-	-	119.51	41.01	78.49	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88362	-	-	222.34	78.91	143.42	Nerve teasing preparations
88363	29.58	12.30	-	-	-	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)
88365	-	-	130.95	42.15	88.80	In situ hybridization (eg, FISH), each probe
88367	-	-	204.81	44.66	160.15	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology
88368	-	-	174.72	45.51	129.21	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual
88371	-	-	-	13.97	-	Protein analysis of tissue by Western Blot, with interpretation and report;
88372	-	-	-	14.25	-	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each
88380	-	-	137.35	53.28	84.07	Microdissection (ie, sample preparation of microscopically identified target); laser capture
88381	-	-	146.35	39.16	107.20	Microdissection (ie, sample preparation of microscopically identified target); manual
88384	-	-	I.C.	-	-	Array-based evaluation of multiple molecular probes; 11 through 50 probes
88385	-	-	464.83	47.93	416.90	Array-based evaluation of multiple molecular probes; 51 through 250 probes
88386	-	-	517.68	63.44	454.24	Array-based evaluation of multiple molecular probes; 251 through 500 probes
88387	-	-	30.71	23.56	7.15	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88388	-	-	17.40	13.87	3.53	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)
88399	-	-	I.C.	-	-	Unlisted surgical pathology procedure
89049	202.95	48.29	-	-	-	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report
89060	-	-	-	14.25	-	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)
89220	-	-	13.00	-	-	Sputum, obtaining specimen, aerosol induced technique (separate procedure)
89230	-	-	2.41	-	-	Sweat collection by iontophoresis
89240	-	-	I.C.	-	-	Unlisted miscellaneous pathology test
G0105	440.84	225.69	-	-	-	Colorectal cancer screening; colonoscopy on individual at high risk
G0121	440.84	225.69	-	-	-	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
S2260	-	-	747.11	-	-	Induced abortion, 17 to 24 weeks

16.06: Severability

The provisions of 114.3 CMR 16.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY
114.3 CMR 16.00: M.G.L. c. 118G.